

Georgia Adoption Reunion Registry
Families First/Office of Adoptions
Request to Contact Your Sibling – S3

Use this form if you are an adopted person and you want to search for your sibling who was separated from you through adoption or if your birth mother/father had a child for whom an adoption plan was made and you would like to have contact with him/her.

I hereby request that the Georgia Adoption Reunion Registry, Families First/Office of Adoptions, contact my sibling to ascertain if he/she wishes to have contact with me. I understand that no identifying information can be released to me without the written consent of my sibling.

Your Name: _____ Date of birth: _____

My sibling was raised by my birth family, an adoption plan was made for my sibling, OR also adopted.

The following information is used in the event that your sibling chooses not to have contact with you. This may be the only chance we have to secure answers to your most pressing questions. We will attempt to gather this information for you when we make contact with your sibling.

The questions I am most interested in having answered are:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Knowing some information about you may help your sibling be more comfortable in his/her consideration of contact with you. *On a separate sheet of paper, please write a letter to your sibling.* In the letter, be sure to address your motivation for searching as well as to share some information about yourself: Include a physical description; what is your current family situation (married, single, children, etc); are you a student or do you have a job; and what is your relationship with your birth/adoptive family like (Do they know you are searching? How long have you known you were adopted?).

Signature

Date

Georgia Adoption Reunion Registry
2 Peachtree St., Ste 8-407
Atlanta, GA 30303

**Georgia Adoption Reunion Registry
Families First/Office of Adoptions
Consent to Contact –A4**

Use this form if you are an adopted person and you wish to have contact with your birth family member.

INSTRUCTIONS: For your convenience, you may fill in the top section of this form using your computer. Click Highlight Fields above to view the editable form fields. When completed, print the form and take it to a notary public to have your signature notarized. Mail the completed form to the address below or fax it to (404) 656-2463.

Date _____ SS# _____ Date of Birth _____

Your Name _____

Address _____

Home phone: _____ Work: _____ Cell: _____

Email Address: _____

The best time(s) to reach me by phone is _____

I may may not be contacted at work.

My adoptive family is is not aware of my request.

I agree to release my identifying information to my birth mother birth father sibling.

I was placed for adoption through:

_____ County Department of Family and Children Services
_____ Private Agency
_____ Independent Source

Name Given By Adoptive Parents: _____

Adoptive Father's Full Name: _____

Adoptive Mother's Full Name: _____

County Where Adoption Finalized _____
(Residence of Adoptive Parents at time of adoption)

I hereby consent to the release of the above identifying information for contact.

I understand that I may revoke this consent at any time by filing a written Affidavit of Non-Disclosure form with the Reunion Registry.

Signature

Date

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 20__

Notary Public (Seal)

**Georgia Adoption Reunion Registry
2 Peachtree St., Ste 8-407
Atlanta, GA 30303**