

**Georgia Adoption Reunion Registry  
Families First/Office of Adoptions  
Consent to Contact Sibling – S4**

Use this form if your birth mother/father had a child for whom an adoption plan was made and you want to have contact with your sibling.

**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 it sealed and signed. Mail the completed form to the address below or fax it to (404) 656-2463.

Date: \_\_\_\_\_ SS# \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Your Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

The best time(s) to reach me by phone is: \_\_\_\_\_

My email address: \_\_\_\_\_

I  **may**  **may not** be contacted at work.

My current family  **is**  **is not** aware of this request.

My sibling was placed for adoption through:

\_\_\_\_\_ County Department of Family and Children Services  
\_\_\_\_\_ Private Agency  
\_\_\_\_\_ Independent Source

Name of Child's Mother When Child Placed: \_\_\_\_\_

Name of Child's Father when child placed: \_\_\_\_\_

Child's name before adoption: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Date child placed for adoption: \_\_\_\_\_

Child's Place of Birth: \_\_\_\_\_ Child's Sex \_\_\_\_\_

My sibling was:  voluntarily released for adoption OR  removed from the home by court action.

I hereby consent to release of identifying information and contact with the above named child upon his/her request once he/she has reached the age of eighteen (18).

I understand that I may revoke this consent at any time by filing a written affidavit of non-disclosure with the Reunion Registry.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**SWORN AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_**

\_\_\_\_\_  
Notary Public (Seal)