

**Georgia Adoption Reunion Registry
Families First/Office of Adoptions
Affidavit of Non-Disclosure – S6**

Use this form if your birth mother/father had a child for whom an adoption plan was made and you do NOT 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

The sibling of a child who was placed for adoption has the right to file with the Georgia Adoption Reunion Registry/Families First Office of Adoptions an Affidavit of Non-disclosure regarding the release of identifying information from his/her sealed adoption record. If such an affidavit is on file, no identifying information may be released without an order of the Superior Court of Fulton County. A revocation of the Affidavit of Non-disclosure may be filed at any time by submitting a written consent to contact the Reunion Registry.

Date: _____ SS# _____ Date of Birth: _____

Your Name: _____

Address: _____

Home phone: _____ Work: _____ Cell: _____

The best time to reach me by phone is: _____

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

My current family **is** **is not** aware of my 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 state that I do NOT want any identifying information regarding me to be released to my sibling.

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

Signature

Date

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

Notary Public (Seal)