

Georgia Adoption Reunion Registry
Families First/Office of Adoptions
Update Consent to Contact with Sibling – S7

Use this form if have already registered your contact preference with your sibling but need to update your contact information.

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 at the time of original registration: _____

Current name (if different): _____

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 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)