

**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 with the Reunion Registry.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

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