

Georgia Adoption Reunion Registry
Families First/Office of Adoptions
Consent to Intermediary Contact –A5

Use this form if you are an adopted person and you wish to have intermediary 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 intermediary contact with 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 intermediary services allowing for the exchange of letters and the release of non-identifying information to my birth family through the staff at the Georgia Adoption Reunion Registry.

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

Signature

Date

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

Notary Public (Seal)