

**Georgia Adoption Reunion Registry
Families First/Office of Adoptions
Affidavit of Non-Disclosure - A6**

Use this form if you are adopted and you do NOT 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 it sealed and signed. Mail the completed form to the address below or fax it to (404) 656-2463

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.

Date: _____ SS# _____ Date of Birth: _____

Your Name: _____

Address: _____

Home phone: _____ Work: _____ Cell: _____

My adoptive family is is not aware of my request.

I do NOT want my identifying information released 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 state that I do NOT want any identifying information regarding me to be released to my birth family member. I understand that I may revoke this Affidavit of Non-Disclosure at any time by filing a written Consent to Contact form with the Reunion Registry.

Signature

Date

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

Notary Public (Seal)