

**Georgia Adoption Reunion Registry
Families First/Office of Adoptions
Request for Non-Identifying Information –AP2**

Use this form if you are an adoptive parent and you would like to request the non-identifying information from your child's adoption file.

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.

I hereby request the Georgia Adoption Reunion Registry, Families First/Office of Adoptions make arrangements to share with me a summary of all non-identifying information contained in my adopted child's sealed adoption record. I understand that no identifying information can be released to me without the written consent of my child's biological parent(s).

YOUR INFORMATION: Name _____

Today's Date: _____ SS# _____ Date of Birth: _____

Address: _____

Home phone: _____ Work: _____ Cell: _____

I may may not be contacted at work.

The best time(s) to reach me by phone is: _____

Email Address: _____

ADOPTEE'S INFORMATION: My child was placed for adoption through:
_____ County Department of Family and Children Services
_____ Private Agency
_____ Independent Source

Name upon adoption: _____

Date of birth: _____ Social Security number: _____

Adoptive Father's Full Name: _____

Adoptive Mother's Full Name: _____

County Where Adoption Finalized: _____

(Residence of Adoptive Parents at time of adoption)

Date Adoption was finalized: _____

Signature of Adoptive Parent

Date

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

Notary Public (Seal)