

**Georgia Adoption Reunion Registry
Families First/Office of Adoptions
Request to Contact Your Child –BP3**

Use this form if you are a birth parent and you would like to request a search for your child for whom an adoption plan was made.

I hereby request that the Georgia Adoption Reunion Registry, Families First/Office of Adoptions, contact my child for whom an adoption plan was made to ascertain if he/she wishes to have contact with me. I understand that no identifying information can be released to me without the written consent of my child.

Your Name: _____ Date of birth: _____

The following information is used in the event that your child chooses not to have contact with you. This may be the only chance we have to secure answers to your most pressing questions. We will attempt to gather this information for you when we make contact with your child.

The questions I am most interested in having answered are:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Knowing some information about you may help your child be more comfortable with engaging the reunion. ***On a separate sheet of paper, please write a letter to your child.*** This will be used as the initial introduction. In the letter, be sure to address your motivation for searching for him/her as well as to share some information about yourself: a physical description; what your current family situation is (married, single, children, etc); if you are a student or have a job, etc. **Do not share any identifying information about yourself at this time. If you include identifying information, it will be redacted.**

Signature

Date

**Georgia Adoption Reunion Registry
Families First/Office of Adoptions
Consent to Contact – BP4**

Use this form if you are a birth parent and you want to have contact with your child for whom an adoption plan was made.

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: _____

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

Email Address: _____

I **may** **may not** be contacted at work.
My current family **is** **is not** aware of this child.

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

Name of child's mother when child was placed: _____

Child's name at birth: _____

Child's date of birth: _____ Date child placed for adoption: _____

Child's place of birth: _____ Child's Sex: _____

Was more than (1) child placed for adoption? _____ Yes _____ No
Name _____ Date of Birth _____
Name _____ Date of Birth _____

(A COMPLETE SEPARATE FORM MUST BE FILED FOR EACH CHILD)

I hereby consent to the release of the above identifying information for contact. I understand that my child must be at least eighteen (18) years of age before any information can be shared with him/her. I understand that I may revoke this consent at any time by filing a written Affidavit of Non-Disclosure form with the Reunion Registry.

Signature

Date

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

Notary Public (Seal)

**Georgia Adoption Reunion Registry
2 Peachtree St., Ste 8-407
Atlanta, GA 30303**