

Georgia Adoption Reunion Registry
Families First/Office of Adoptions
Consent to Intermediary Contact – BP5

Use this form if you are a birth parent and you want to have intermediary 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 intermediary services allowing for the exchange of letters and the release of non-identifying information with the above named child. I understand that I may revoke this consent at any time by filing a written Consent to Contact form or an Affidavit of Non-Disclosure form with the Reunion Registry.

Signature Date

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

Notary Public (Seal)