

**Georgia Adoption Reunion Registry  
Families First/Office of Adoptions  
Affidavit of Non-Disclosure - BP6**

Use this form if you are a birth parent and you do NOT 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.

Birth parents have 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. A revocation of the Affidavit of Non-disclosure may be filed at any time by submitting a written consent to contact the Reunion Registry.

Date: \_\_\_\_\_ SS# \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

The best time to reach me by phone is \_\_\_\_\_

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 Placed: \_\_\_\_\_

Name of Child's Father when child placed: \_\_\_\_\_

Child's name before adoption: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Date child placed for adoption: \_\_\_\_\_

Child's Place of Birth: \_\_\_\_\_ Child's Sex \_\_\_\_\_

I hereby state that I do NOT want any identifying information regarding me to be released to my child.

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)