

**Georgia Adoption Reunion Registry  
Families First/Office of Adoptions  
Registration – BFam1**

Use this form if you are the sister/brother/parent of a deceased birth parent and you want to register for contact with his/her child who was adopted should the child decide to search for his/her birth family members.

**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: \_\_\_\_\_

I am related to the child's  birth mother  birth father whose name was:

\_\_\_\_\_ I was the birth parent's  sister  brother  parent.

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

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

I  may  may not be contacted at work. The best time(s) to reach me by phone is \_\_\_\_\_

My email address: \_\_\_\_\_

My relative was placed for adoption through:

\_\_\_\_\_ County Department of Family and Children Services  
\_\_\_\_\_ Private Agency  
\_\_\_\_\_ Independent Source

Name of Child's Mother When Child Placed \_\_\_\_\_

Birth parent date of death \_\_\_\_\_ *(Please attach verification of death)*

Child's name \_\_\_\_\_

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 \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

I hereby consent to release of identifying information and contact with the above named child upon his/her request once he/she has reached the age of eighteen (18).

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 AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_**

\_\_\_\_\_  
Notary Public (Seal)