

**Georgia Adoption Reunion Registry**  
**Families First/Office of Adoptions**  
**Consent to Intermediary Contact – BFam5**

Use this form if you are the sister/brother/parent of a deceased birth parent and you want to have intermediary contact with his/her child who was adopted.

**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 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 intermediary services allowing for the exchange of letters and the release of non-identifying information to my birth family through the staff at the Georgia Adoption Reunion Registry. 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 AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_**

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