

**Georgia Adoption Reunion Registry
Families First/Office of Adoptions
Affidavit of Non-Disclosure – BFam6**

Use this form if you are the sister/brother/parent of a deceased birth parent and you do NOT want to have 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 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: _____

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 state that I do NOT want any identifying information regarding me to be released to my birth family. I understand that I may revoke this Affidavit of Non-Disclosure at any time by filing a written Consent to Contact with the Registry.

Signature _____
Date

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

Notary Public (Seal)