

**Georgia Adoption Reunion Registry
Families First/Office of Adoptions
Request for Non-Identifying Information – CDA2**

Use this form if you are the child of a deceased adopted person and you want to obtain his/her non-identifying information from his/her adoption file.

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 it sealed and signed. Mail the completed form to the address below or fax it to (404) 656-2463.*

I hereby request the Georgia Adoption Reunion Registry, Families First/Office of Adoptions; make arrangements to share with me a summary of non-identifying information contained in my (deceased) parent's sealed adoption record. I understand that no identifying information can be released to me without the written consent of their biological parent(s). I understand that I must be eighteen (18) years of age to make this request.

Date _____ SS# _____ Date of Birth _____

Requestor's Name _____

Address _____

Telephone Number: Home _____ Work/Cell _____

Email address: _____

The best time(s) to reach me by phone is _____

Adopted Person's Date of Death: _____ *(please attach verification of death)*

Adopted Person's Date of Birth: _____

He/She was placed for adoption through:

_____ County Department of Family and Children Services

_____ Private Agency

_____ Independent Source

Name Given By Adoptive Parents _____

Adoptive Father's Full Name _____

Adoptive Mother's Full Name _____

County Where Adoption Finalized _____

(Typically, this is the residence of Adoptive Parents at time of adoption)

Date Adoption Finalized _____

Requestor's Signature

Date

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

Notary Public Seal