

Georgia Adoption Reunion Registry
Families First/Office of Adoptions
Registration – S1

Use this form if your birth mother/father had a child for whom an adoption plan was made and you want to register for contact with your sibling should he/she try to contact you.

INSTRUCTIONS: When completed, take this form 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: _____

Current Address: _____

City, State, Zip _____

Home phone: _____ Work: _____ I (May) (May Not) be contacted at work.

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

My email address: _____

My current family is is not aware of this request.

My sibling 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 _____

My sibling was: voluntarily released for adoption OR removed from the home by court action

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)