

**Georgia Adoption Reunion Registry
Families First/Office of Adoptions
Consent to Intermediary Contact –S5**

Use this form if your birth mother/father had a child for whom an adoption plan was made and you want to have intermediary contact with your sibling.

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.

Date _____ SS# _____ Date of Birth _____

Your Name _____

Address _____

Home phone: _____ Work: _____ Cell: _____

Email Address: _____

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

I **may** **may not** be contacted at work.

My current family **is** **is not** aware of my 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 intermediary services allowing for the exchange of letters and the release of non-identifying information to my sibling 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 or an Affidavit of Non-Disclosure with the Reunion Registry.

Signature

Date

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

Notary Public (Seal)