

**Georgia Adoption Reunion Registry**  
**Families First/Office of Adoptions**  
**Request to Contact a Biological Relative – CDA3**

Use this form if you are the child of a deceased adopted person and you want to search for your parent's birth relative.

I hereby request that the Georgia Adoption Reunion Registry, Families First/Office of Adoptions, contact my biological relative to ascertain if he/she wishes to have contact with me. I understand that no identifying information can be released to me without the written consent of my biological relative. I understand that my biological relative must be twenty-one (21) years of age to make this request.

Your Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Who are you attempting to contact? \_\_\_\_\_

The following information is used in the event that your biological relative chooses not to have contact with you. This may be the only chance we have to secure answers to your most pressing questions. We will attempt to gather this information for you when we make contact with your biological relative.

**The questions I am most interested in having answered are:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Knowing some information about you may help your biological relative be more comfortable in their consideration of contact with you. *On a separate sheet of paper, please write a letter to your relative.* In the letter, be sure to address your motivation for searching as well as to share some information about yourself and your parent: a physical description of yourself and of your parent, your current family situation, your occupation, and your relationship with your parent who was adopted. You may also want to say if your parent has ever tried or wanted to search for his/her birth family.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Georgia Adoption Reunion Registry**  
**2 Peachtree St., Ste 8-407**  
**Atlanta, GA 30303**

**Georgia Adoption Reunion Registry  
Families First/Office of Adoptions  
Consent to Contact – CDA4**

Use this form if you are the child of a deceased adopted person and you want to have contact with your parent's birth relatives.

**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: \_\_\_\_\_ I  May  May Not) be contacted at work.

Email Address: \_\_\_\_\_

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

My mother/father 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 \_\_\_\_\_

**(Residence of Adoptive Parents at time of adoption)**

Adopted Person's Date of Death (please attach verification of death): \_\_\_\_\_

I hereby consent to the release of the above identifying information for contact.

I understand that I may revoke this consent at any time by filing a written Affidavit of Non-Disclosure with the Registry.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_**

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