



**DIVISION OF CHILD AND FAMILY SERVICES
ADOPTION REUNION REGISTRY**

Return to: NEVADA DIVISION OF CHILD & FAMILY SERVICES
ADOPTION REUNION REGISTRY
4126 TECHNOLOGY WAY, 3RD FLOOR
CARSON CITY, NEVADA 89706

**ADOPTEE APPLICATION
(MUST BE 18 YEARS OLD OR OLDER)**

Please Print Clearly

NAME OF ADOPTEE			
LAST	FIRST	MIDDLE	MAIDEN OR OTHER NAMES USED
DATE OF BIRTH / /	PHONE NUMBER ()	OTHER PHONE NUMBER ()	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
E-MAIL ADDRESS OR OTHER CONTACT INFORMATION			SSN#
HOME ADDRESS: STREET		CITY	STATE ZIP CODE
MAILING ADDRESS: STREET (IF DIFFERENT)		CITY	STATE ZIP CODE
I WISH TO CONTACT: <input type="checkbox"/> BIRTH MOTHER <input type="checkbox"/> BIRTH FATHER <input type="checkbox"/> SISTER <input type="checkbox"/> BROTHER <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> AUNT <input type="checkbox"/> UNCLE OR OTHER RELATIVE AS NOTED:			
ADOPTION INFORMATION			
LAST NAME OF ADOPTIVE PARENT #1	FIRST	MIDDLE	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
LAST NAME OF ADOPTIVE PARENT #2	FIRST	MIDDLE	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
NAME OF ADOPTION AGENCY THAT HANDLED THE ADOPTION		CITY	STATE
BIRTH PARENT'S NAME AND INFORMATION (IF KNOWN)			
LAST NAME OF BIRTH PARENT #1	FIRST	MIDDLE	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
LAST NAME OF BIRTH PARENT #2	FIRST	MIDDLE	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
I AM INTERESTED IN MAKING CONTACT WITH THE PERSON(S) INDICATED ABOVE: BIRTH MOTHER, BIRTH FATHER, SIBLING(S), ADOPTIVE PARENT(S) AND/OR OTHER RELATIVES INCLUDING UNCLES/AUNTS, NEPHEWS/NIECES, GREAT-GRANDPARENTS AND GREAT GRANDCHILDREN (AS NOTED) AND I UNDERSTAND THAT CONTACT CANNOT BE MADE UNLESS THE OTHER PERSON(S) HAS ALSO COMPLETED AN APPLICATION. I UNDERSTAND THAT THE INFORMATION PROVIDED ON THIS APPLICATION WILL BE SHARED WITH THE PERSON(S) INDICATED ABOVE.			
IF I WISH TO WITHDRAW THIS APPLICATION AT ANY TIME, I MUST NOTIFY THE ADOPTION REUNION REGISTRY IN WRITING BY SUBMITTING A CHANGE FORM. IT IS MY RESPONSIBILITY TO KEEP THE ADOPTION REUNION REGISTRY CURRENT AS TO ANY CHANGES: ADDRESS, NAME CHANGE, PHONE NUMBER ETC. WHEN I PROVIDE NEW INFORMATION TO THE ADOPTION REUNION REGISTRY, THEY ARE AUTHORIZED TO UPDATE MY APPLICATION AS NECESSARY.			
_____ SIGNATURE OF ADOPTEE			_____ DATE
State of _____			
County of _____			
Subscribed and sworn to before me this _____ day of _____, 20_____			
by _____ Print Name of Applicant			
_____ Signature of Notary Public			
(Notary Stamp)			