



NEVADA DEPARTMENT OF HUMAN RESOURCES
 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

FULL NAME OF ADOPTEE			
LAST	FIRST	MIDDLE	MAIDEN OR OTHER NAMES USED
DATE OF BIRTH / /	HOME PHONE NUMBER ()	WORK PHONE NUMBER ()	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
E-MAIL ADDRESS OR OTHER CONTACT INFORMATION			
HOME ADDRESS			
STREET	CITY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT)			
POST OFFICE BOX OR STREET ADDRESS			
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			
FULL NAME OF ADOPTIVE PARENT #1			
LAST	FIRST	MIDDLE	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
FULL NAME OF ADOPTIVE PARENT #2			
LAST	FIRST	MIDDLE	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
NAME OF ADOPTION AGENCY THAT HANDLED THE ADOPTION			
CITY			
STATE			
BIRTH PARENT'S FULL NAME AND INFORMATION (IF KNOWN)			
FULL NAME OF BIRTH PARENT #1			
LAST	FIRST	MIDDLE	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
FULL NAME OF BIRTH PARENT #2			
LAST	FIRST	MIDDLE	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
<p>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.</p> <p>I UNDERSTAND THAT THE INFORMATION PROVIDED ON THIS APPLICATION WILL BE SHARED WITH THE PERSON(S) INDICATED ABOVE.</p> <p>IF I WISH TO WITHDRAW THIS APPLICATION AT ANY TIME, I MUST NOTIFY THE ADOPTION REUNION REGISTRY IN WRITING AND IF I WITHDRAW MY APPLICATION, THE ABOVE INDIVIDUAL(S) WILL NOT BE ABLE TO OBTAIN IDENTIFYING INFORMATION ABOUT ME.</p> <p>IT IS MY RESPONSIBILITY TO KEEP THE ADOPTION REUNION REGISTRY CURRENT AS TO ANY CHANGES THAT I MIGHT MAKE: CHANGE OF ADDRESS, NAME CHANGE, ETC. WHEN I PROVIDE NEW INFORMATION TO THE ADOPTION REUNION REGISTRY, THEY ARE AUTHORIZED TO UPDATE MY APPLICATION AS NECESSARY.</p>			
_____ 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)