



**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

BIRTH PARENT APPLICATION
Please Print Clearly

NAME OF BIRTH PARENT			
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#	INMATE #: (if applicable)
HOME ADDRESS: STREET		CITY	STATE ZIP CODE
MAILING ADDRESS: (IF DIFFERENT)		CITY	STATE ZIP CODE
OTHER BIRTH PARENT'S NAME AND INFORMATION (IF KNOWN)			
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#	INMATE #: (if applicable)
MAILING ADDRESS: STREET		CITY	STATE ZIP CODE
CHILD'S BIRTH NAME			
LAST	FIRST	MIDDLE	NICKNAME OR OTHER NAMES USED
CHILD'S DATE OF BIRTH / /	CITY AND STATE WHERE THE CHILD WAS BORN		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
<p>I AM INTERESTED IN MAKING CONTACT WITH MY CHILD WHO WAS ADOPTED. I UNDERSTAND THAT CONTACT CANNOT BE MADE UNLESS MY CHILD ALSO COMPLETES AN APPLICATION FOR THE ADOPTION REUNION REGISTRY & I UNDERSTAND THAT MY CHILD CANNOT COMPLETE THE APPLICATION UNTIL HE/SHE IS 18 YEARS OF AGE.</p> <p>I UNDERSTAND THAT THIS APPLICATION IS ONLY FOR MYSELF AND REGARDING THE CHILD INDICATED ON THIS APPLICATION.</p> <p>IF I WISH TO WITHDRAW THIS APPLICATION AT ANY TIME, I MUST NOTIFY THE ADOPTION REUNION REGISTRY IN WRITING BY SUBMITTING A CHANGE FORM.</p> <p>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.</p>			
_____		_____	
SIGNATURE OF BIRTH PARENT		DATE	
State of _____			
County of _____			
Subscribed and sworn to before me this _____ day of _____, 20_____			
by _____			
Print Name of Applicant			
_____		(Notary Stamp)	
Signature of Notary Public			
ADOPTION AGENCY INFORMATION			
NAME OF ADOPTION AGENCY THAT HANDLED THE ADOPTION		CITY	STATE
CHILD'S ADOPTED NAME			
LAST	FIRST	MIDDLE	NICKNAME OR OTHER NAMES USED
NAME OF ADOPTIVE PARENT #1			
LAST	FIRST	MIDDLE	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
NAME OF ADOPTIVE PARENT #2			
LAST	FIRST	MIDDLE	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

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