



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

BIRTH PARENT APPLICATION
Please Print Clearly

FULL NAME OF BIRTH PARENT			
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
OTHER BIRTH PARENT'S FULL NAME AND INFORMATION (IF KNOWN)			
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
ADOPTED CHILD INFORMATION			
BIRTH NAME			
LAST	FIRST	MIDDLE	NICKNAME OR OTHER NAMES USED
DATE OF BIRTH / /	CITY AND STATE WHERE THE CHILD WAS BORN		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
NEW ADOPTED NAME (IF KNOWN)			
LAST	FIRST	MIDDLE	NICKNAME OR OTHER NAMES USED
ADOPTION INFORMATION (IF KNOWN)			
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
<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 IN THIS APPLICATION.</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, MY CHILD 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 BIRTH PARENT			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)