ADOPTION REUNION REGISTRY
REQUEST FOR CHANGE OF ADDRESS OR OTHER REGISTRATION CHANGES

Please keep all of your information current so that we can contact you when there is a match!

When completed, send this form to:

Division of Child and Family Services
Adoption Reunion Registry
4126 Technology Way, Third Floor
Carson City, Nevada 89706

Please use this form for all changes!
Thank you - Adoption Reunion Registry

PLEASE PRINT LEGIBLY

I am the: ☐ Adoptee ☐ Birth Parent ☐ Relative

☐ Other _____
(Please Explain)

IMPORTANT: _____ _____
Adoptee's Name Date of Birth - Month/Day/Year

This form is submitted as a: (Check all that apply)

☐ Name Change
☐ Address Change
☐ Phone Number Change
☐ Medical Information Update
☐ I wish to WITHDRAW my application
☐ Correction of Birth Date
☐ Correction of Birth Place Information
☐ E-Mail Address Change
☐ Other _____
(Please Explain)

PLEASE COMPLETE:

Current Name: _____

Name Used on Previous Registration (If Different) _____

Address_____

City _____ State _____ Zip Code _____ - _____

Phone Number(s) Home (_____) _____ Cell (_____) _____

Work (_____) _____ Other (_____) _____

E-Mail Address _____

Additional or Medical Information (Use Back of Form, if Necessary):

_____

_____

Please be sure to sign and date this form

_____ _____
Signature Date