



**DIVISION OF CHILD & 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

RELATIVE APPLICATION

THIS APPLICATION MUST BE ACCOMPANIED BY THE WRITTEN CONSENT OF THE BIRTH PARENT*
LIMITED TO BLOOD OR STEP-PARENTS, SIBLINGS, GRANDPARENTS, AUNTS, UNCLES, NIECES OR NEPHEWS
Please Print Clearly

APPLICANT'S INFORMATION			
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 (IF DIFFERENT)		CITY	STATE ZIP CODE
ADOPTED CHILD INFORMATION			
BIRTH LAST NAME	FIRST	MIDDLE	NICKNAME OR OTHER NAMES USED
DATE OF BIRTH / /	CITY AND STATE WHERE THE CHILD WAS BORN		
NEW ADOPTED NAME (IF KNOWN)			
LAST	FIRST	MIDDLE	NICKNAME OR OTHER NAMES USED
NAME OF ADOPTION AGENCY THAT HANDLED THE ADOPTION		CITY	STATE
NAME(S) OF CHILD'S BIRTH PARENT TO WHOM YOU ARE RELATED			
LAST	FIRST	MIDDLE	DATE OF BIRTH <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
LAST	FIRST	MIDDLE	DATE OF BIRTH <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
DESCRIBE SPECIFICALLY HOW YOU ARE RELATED TO THE CHILD (EXAMPLE: BROTHER OF THE BIRTH MOTHER, FATHER OF THE BIRTH FATHER, ETC.)			
<p>I AM INTERESTED IN OBTAINING INFORMATION ABOUT THE ABOVE ADOPTEE. I UNDERSTAND I CANNOT RECEIVE ANY INFORMATION UNLESS THE ADOPTEE ALSO COMPLETES AN APPLICATION FOR THE ADOPTION REUNION REGISTRY AND THE BIRTH PARENT CONSENTS TO MY OBTAINING THIS INFORMATION.</p> <p>I UNDERSTAND THAT NO INFORMATION MAY BE RELEASED UNTIL THE ADOPTEE IS 18 YEARS OLD OR OLDER.</p> <p>I UNDERSTAND THAT THE INFORMATION PROVIDED ON THIS APPLICATION WILL BE SHARED WITH THE ADOPTEE INDICATED ABOVE, IF ALSO REGISTERED.</p> <p>IF I WISH TO WITHDRAW THIS APPLICATION AT ANY TIME, I MUST NOTIFY THE ADOPTION REUNION REGISTRY IN WRITING.</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 RELATIVE			_____ 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)

*If birth parent is deceased, consideration may be given to death certificate.



**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

**CONSENT OF BIRTH PARENT
TO RELEASE ADOPTION REUNION REGISTRY INFORMATION
THIS APPLICATION MUST BE NOTARIZED AND ACCOMPANY THE RELATIVE APPLICATION**

Please Print Clearly

I, _____, GIVE MY CONSENT TO FOR THE RELEASE OF INFORMATION REGARDING MY ADOPTED CHILD
NAME OF BIRTH PARENT GIVING THIS APPROVAL*

NAME OF CHILD PRIOR TO ADOPTION _____ BORN ON _____ DATE OF BIRTH _____
GENDER MALE FEMALE

TO _____, WHO IS MY _____
NAME OF RELATIVE _____ RELATIONSHIP IN DETAIL _____

I CERTIFY THAT I AM THE _____ TO THE ABOVE MENTIONED CHILD*
BIRTH MOTHER OR BIRTH FATHER OF THE ADOPTED CHILD
**IF BIRTH PARENT IS DECEASED, CONSIDERATION MAY BE GIVEN TO DEATH CERTIFICATE*

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#
HOME ADDRESS: STREET	CITY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP CODE

I UNDERSTAND THAT NO INFORMATION MAY BE RELEASED REGARDING THE ADOPTEE UNLESS THE ADOPTEE IS 18 YEARS OLD OR OLDER.

I UNDERSTAND THAT NO INFORMATION MAY BE RELEASED TO THE RELATIVE UNLESS BOTH THE RELATIVE AND ADOPTEE HAVE COMPLETED AN APPLICATION FOR THE ADOPTION REUNION REGISTRY AND I HAVE GIVEN MY WRITTEN CONSENT. *IF BIRTH PARENT IS DECEASED, CONSIDERATION MAY BE GIVEN TO DEATH CERTIFICATE.

IF I WISH TO WITHDRAW THIS CONSENT, I MAY DO SO AT ANY TIME AND I MUST NOTIFY THE ADOPTION REUNION REGISTRY IN WRITING OF MY INTENTIONS TO WITHDRAW THIS CONSENT.

I UNDERSTAND I MAY ALSO COMPLETE A BIRTH PARENT APPLICATION FOR THE ADOPTION REUNION REGISTRY.

State of _____ County of _____

Subscribed and sworn to before me this _____ day of _____, 20_____

by _____ by _____
Printed Name of Birth Parent Signature of Birth Parent

Signature of Notary Public

(Notary Stamp)