



**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, UNCLAS, 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.



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**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)