



**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 (Part 1)\*

LIMITED TO BLOOD OR STEP-PARENTS, SIBLINGS, GRANDPARENTS, AUNTS, UNCLES, NIECES OR NEPHEWS

<b>APPLICANT'S INFORMATION</b>			
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			
HOME ADDRESS: STREET		CITY	STATE ZIP CODE
MAILING ADDRESS (IF DIFFERENT)		CITY	STATE ZIP CODE
<b>ADOPTED CHILD INFORMATION</b>			
BIRTH LAST NAME	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
NAME OF ADOPTION AGENCY THAT HANDLED THE ADOPTION		CITY	STATE
<b>NAME(S) OF CHILD'S BIRTH PARENT TO WHOM YOU ARE RELATED</b>			
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>			
_____ RELATIVE SIGNATURE: MUST BE SIGNED IN THE PRESENCE OF A NOTARY			_____ 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)

\*Contact information can only be released with consent of the birth parent (Part 2).