



**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

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			
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)

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