



**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 (Part 2)*

Please Print Clearly

I, _____, GIVE MY CONSENT TO FOR THE RELEASE OF INFORMATION REGARDING MY ADOPTED CHILD			
NAME OF BIRTH PARENT GIVING THIS APPROVAL*			
_____ BORN ON _____		DATE OF BIRTH	
NAME OF CHILD PRIOR TO ADOPTION		GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
TO _____, WHO IS MY _____		RELATIONSHIP IN DETAIL	
NAME OF RELATIVE			
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			
HOME ADDRESS: STREET	CITY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP CODE
<p>I UNDERSTAND THAT NO INFORMATION MAY BE RELEASED REGARDING THE ADOPTEE UNLESS THE ADOPTEE IS 18 YEARS OLD OR OLDER.</p> <p>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.</p> <p>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.</p> <p>I UNDERSTAND I MAY ALSO COMPLETE A BIRTH PARENT APPLICATION FOR THE ADOPTION REUNION REGISTRY.</p> <p>State of _____ County of _____</p> <p>Subscribed and sworn to before me this _____ day of _____, 20_____</p> <p>by _____ by _____</p> <p style="margin-left: 100px;">Printed Name of Birth Parent</p> <p style="margin-left: 400px;">Signature of Birth Parent</p> <p>_____ Signature of Notary Public</p> <p style="text-align: right;">(Notary Stamp)</p>			

*If birth parent is deceased, consideration may be made with the submission of the birth parent's death certificate.