



**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)\***

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 <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			
<b>*IF BIRTH PARENT IS DECEASED, CONSIDERATION MAY BE GIVEN TO DEATH CERTIFICATE</b>			
<b>NAME OF BIRTH PARENT</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
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 _____ Printed Name of Birth Parent		by _____ BIRTH PARENT SIGNATURE: MUST BE SIGNED IN THE PRESENCE OF A NOTARY	
_____ Signature of Notary Public			
(Notary Stamp)			

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