



**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 _____ NAME OF CHILD PRIOR TO ADOPTION		DATE OF BIRTH GENDER <input type="checkbox"/> MALE <input type="checkbox"/> 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 <p style="text-align: center;"><b>*IF BIRTH PARENT IS DECEASED, CONSIDERATION MAY BE GIVEN TO DEATH CERTIFICATE</b></p>			
<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 _____ Signature of Birth Parent  _____ Signature of Notary Public  <div style="text-align: right;">(Notary Stamp)</div>			

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

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