ADOPTION REUNION REGISTRY
REQUEST FOR CHANGE OF ADDRESS OR OTHER REGISTRATION CHANGES

Please keep all of your information current so that we can contact you when there is a MATCH!

When completed, send this form to:

Division of Child and Family Services
Adoption Reunion Registry
4126 Technology Way, Third Floor
Carson City, Nevada 89706

Please use this form for all changes!
Thank you - Adoption Reunion Registry

PRINT LEGIBLY

PLEASE COMPLETE:

Current Name: _____

Name Used on Previous Registration (If Different) _____

Address_____

City _____ State _____ Zip Code _____ - _____

Phone Number(s) Home (_____) _____ Cell (_____) _____

Work (_____) _____ Other (_____) _____

E-Mail Address _____

I am the: ☐ Adoptee ☐ Birth Parent ☐ Relative
☐ Adoptive Parent or other Legal Guardian of an Adopted Child

IMPORTANT: _____ _____
Adoptee's Name (If applicable) **Date of Birth - Month/Day/Year**

This form is submitted as a: *(Check all that apply)*

☐ Name Change
☐ Phone Number Change
☐ Medical or Health Information Update
☐ Request to WITHDRAW my application
☐ Address Change
☐ E-Mail Address Change
☐ Other _____
(Please Explain)

Medical or any other information I would like to share: (*Please attach additional page if necessary*):

_____

_____

_____

_____

PLEASE BE SURE TO SIGN AND DATE THIS FORM

_____ _____
Signature Date