



**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

REQUEST FOR NON-IDENTIFYING INFORMATION

Please Print Clearly

Your Request will be completed within 60 days of receipt.

I am the Adoptee and I am 18 years old or older

I am the Adoptive Parent or other Legal Guardian of an Adopted Child and requesting on behalf of my Adopted Child

LAST NAME OF ADOPTEE		FIRST	MIDDLE	MAIDEN OR OTHER NAMES USED	
DATE OF BIRTH / /		BIRTH NAME (IF KNOWN)		GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ADOPTION INFORMATION					
LAST NAME OF ADOPTIVE PARENT #1		FIRST	MIDDLE	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
LAST NAME OF ADOPTIVE PARENT #2		FIRST	MIDDLE	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
NAME OF ADOPTION AGENCY THAT HANDLED THE ADOPTION			CITY	STATE	
BIRTH PARENT'S NAMES AND INFORMATION (IF KNOWN)					
LAST NAME OF BIRTH PARENT #1		FIRST	MIDDLE	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
LAST NAME OF BIRTH PARENT #2		FIRST	MIDDLE	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
I AM INTERESTED IN RECEIVING NON-IDENTIFYING INFORMATION REGARDING THE ABOVE NAMED INDIVIDUAL(S). IF AVAILABLE I WOULD LIKE TO HAVE A COPY OF MY ADOPTION DECREE: YES <input type="checkbox"/> NO <input type="checkbox"/> IF I WISH TO WITHDRAW THIS REQUEST AT ANY TIME, I MUST NOTIFY THE ADOPTION REUNION REGISTRY IN WRITING BY SUBMITTING A CHANGE FORM. IT IS MY RESPONSIBILITY TO KEEP THE ADOPTION REUNION REGISTRY CURRENT AS TO ANY CHANGES: CHANGE OF 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.					
APPLICANT'S INFORMATION					
HOME ADDRESS: STREET			CITY	STATE	ZIP CODE
MAILING ADDRESS: STREET (IF DIFFERENT)			CITY	STATE	ZIP CODE
PHONE NUMBER ()	OTHER PHONE NUMBER ()	E-MAIL ADDRESS			
DATE: _____					
PRINTED NAME OF APPLICANT			SIGNATURE OF APPLICANT		
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)