



**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

<b>LAST NAME OF ADOPTEE</b>		FIRST	MIDDLE	MAIDEN OR OTHER NAMES USED	
DATE OF BIRTH / /		BIRTH NAME (IF KNOWN)		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
<b>ADOPTION INFORMATION</b>					
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	
<b>BIRTH PARENT'S NAMES AND INFORMATION (IF KNOWN)</b>					
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.					
<b>APPLICANT'S INFORMATION</b>					
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)					