

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

PRINT LEGIBLY

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

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

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

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

- | | |
|---|--|
| <input type="checkbox"/> Name Change | <input type="checkbox"/> Address Change |
| <input type="checkbox"/> Phone Number Change | <input type="checkbox"/> E-Mail Address Change |
| <input type="checkbox"/> Medical Information Update | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Request to WITHDRAW my application | <i>(Please Explain)</i> |

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