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 COMPLETE:

Current Name: _______________________________________________________________________

Name Used on Previous Registration (If Different) _____________________________________________

Address________________________________________________ Date of Birth_____________________

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  ❑ Address Change

❑ Phone Number Change  ❑ E-Mail Address Change

❑ Medical or Health Information Update  ❑ Other  ______________________________
    (Please Explain)

❑ Request to WITHDRAW my application

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

Revised 9-2016  bjh