



NEVADA DEPARTMENT OF HUMAN RESOURCES
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

RELATIVE APPLICATION

LIMITED TO BLOOD OR STEP - PARENTS, SIBLINGS, GRANDPARENTS, AUNTS, UNCLES, NIECES OR NEPHEWS
MUST HAVE CONSENT OF BIRTH PARENT TO RELEASE ADOPTION REGISTRY INFORMATION

Please Print Clearly

APPLICANT'S INFORMATION				
LAST	FIRST	MIDDLE	MAIDEN OR OTHER NAMES USED	
DATE OF BIRTH / /	HOME PHONE NUMBER ()	WORK PHONE NUMBER ()	GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
E-MAIL ADDRESS OR OTHER CONTACT INFORMATION				
HOME ADDRESS				
STREET		CITY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT)				
POST OFFICE BOX OR STREET ADDRESS		CITY	STATE	ZIP CODE
ADOPTED CHILD INFORMATION				
BIRTH NAME	FIRST	MIDDLE	NICKNAME OR OTHER NAMES USED	
LAST				
DATE OF BIRTH / /	CITY AND STATE WHERE THE CHILD WAS BORN			
NEW ADOPTED NAME (IF KNOWN)				
LAST	FIRST	MIDDLE	NICKNAME OR OTHER NAMES USED	
NAME OF ADOPTION AGENCY THAT HANDLED THE ADOPTION				
		CITY	STATE	
NAME(S) OF CHILD'S BIRTH PARENT TO WHOM YOU ARE RELATED OR PRIOR ADOPTIVE PARENT, IF APPLICABLE				
LAST	FIRST	MIDDLE	DATE OF BIRTH	GENDER
LAST	FIRST	MIDDLE	DATE OF BIRTH	GENDER
DESCRIBE SPECIFICALLY HOW YOU ARE RELATED TO THE CHILD (EXAMPLE: BROTHER OF THE BIRTH MOTHER, FATHER OF THE BIRTH FATHER, ETC.)				
<p>I AM INTERESTED IN OBTAINING INFORMATION ABOUT THE ABOVE ADOPTED CHILD. I UNDERSTAND I CANNOT RECEIVE ANY INFORMATION UNLESS THE CHILD ALSO COMPLETES AN APPLICATION FOR THE ADOPTION REUNION REGISTRY AND THE BIRTH PARENT CONSENTS TO MY OBTAINING THIS INFORMATION.</p> <p>I UNDERSTAND THAT NO INFORMATION MAY BE RELEASED UNTIL THE ADOPTED CHILD IS 18 YEARS OLD OR OLDER.</p> <p>I UNDERSTAND THAT THE INFORMATION PROVIDED ON THIS APPLICATION WILL BE SHARED WITH THE CHILD INDICATED ABOVE.</p> <p>IF I WISH TO WITHDRAW THIS APPLICATION AT ANY TIME, I MUST NOTIFY THE ADOPTION REUNION REGISTRY IN WRITING AND IF I WITHDRAW MY APPLICATION, THE CHILD WILL NOT BE ABLE TO OBTAIN IDENTIFYING INFORMATION ABOUT THE ADOPTEE.</p> <p>IT IS MY RESPONSIBILITY TO KEEP THE ADOPTION REUNION REGISTRY CURRENT AS TO ANY CHANGES THAT I MIGHT MAKE: CHANGE OF ADDRESS, NAME CHANGE, ETC. WHEN I PROVIDE NEW INFORMATION TO THE ADOPTION REUNION REGISTRY, THEY ARE AUTHORIZED TO UPDATE MY APPLICATION AS NECESSARY.</p>				
_____			_____	
SIGNATURE OF RELATIVE			DATE	
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)				
THIS APPLICATION MUST BE ACCOMPANIED BY THE NOTARIZED CONSENT OF THE BIRTH PARENT				



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CONSENT OF BIRTH PARENT TO RELEASE ADOPTION REGISTRY INFORMATION

Please Print Clearly

I, _____, GIVE MY CONSENT TO FOR THE RELEASE OF INFORMATION REGARDING MY ADOPTED CHILD
NAME OF BIRTH MOTHER or BIRTH FATHER GIVING THIS APPROVAL

NAME OF CHILD PRIOR TO ADOPTION _____ BORN ON _____ DATE OF BIRTH _____ GENDER: MALE / FEMALE
CIRCLE CORRECT ONE

TO _____, WHO IS MY _____
NAME OF RELATIVE _____ RELATIONSHIP IN DETAIL _____

I CERTIFY THAT I AM THE _____ TO THE ABOVE MENTIONED CHILD
BIRTH MOTHER OR BIRTH FATHER OF THE ADOPTED CHILD

FULL NAME OF BIRTH PARENT			
LAST	FIRST	MIDDLE	MAIDEN OR OTHER NAMES USED
DATE OF BIRTH / /	HOME PHONE NUMBER ()	WORK PHONE NUMBER ()	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
E-MAIL ADDRESS OR OTHER CONTACT INFORMATION			

HOME ADDRESS			
STREET	CITY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT)			
POST OFFICE BOX OR STREET ADDRESS	CITY	STATE	ZIP CODE

I UNDERSTAND THAT NO INFORMATION MAY BE RELEASED REGARDING THE ADOPTEE UNLESS THE ADOPTEE IS 18 YEARS OLD OR OLDER.

I UNDERSTAND THAT NO INFORMATION MAY BE RELEASED TO THE APPLICANT UNLESS BOTH THE APPLICANT AND ADOPTEE HAVE COMPLETED AN APPLICATION FOR THE ADOPTION REUNION REGISTRY AND I HAVE GIVEN MY WRITTEN CONSENT.

IF I WISH TO WITHDRAW THIS CONSENT, I MAY DO SO AT ANY TIME AND I MUST NOTIFY THE ADOPTION REUNION REGISTRY IN WRITING OF MY INTENTIONS TO WITHDRAW THIS CONSENT.

I ALSO UNDERSTAND I MAY ALSO COMPLETE A BIRTH PARENT APPLICATION FOR THE ADOPTION REUNION REGISTRY.

IT IS MY RESPONSIBILITY TO KEEP THE ADOPTION REUNION REGISTRY CURRENT AS TO ANY CHANGES THAT I MIGHT MAKE: CHANGE OF ADDRESS, NAME CHANGE, ETC. WHEN I PROVIDE NEW INFORMATION TO THE ADOPTION REUNION REGISTRY, THEY ARE AUTHORIZED TO UPDATE MY APPLICATION AS NECESSARY.

State of _____

County of _____

Subscribed and sworn to before me this _____ day of _____, 20_____

by _____ by _____
Printed Name of Birth Parent Signature of Birth Parent

Signature of Notary Public

(Notary Stamp)

THIS APPLICATION MUST BE NOTARIZED AND ACCOMPANY THE RELATIVE APPLICATION