



**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

## CONSENT OF BIRTH PARENT TO RELEASE ADOPTION REUNION REGISTRY INFORMATION (Part 2)\*

Please Print Clearly

I, \_\_\_\_\_, GIVE MY CONSENT TO FOR THE RELEASE OF INFORMATION REGARDING MY ADOPTED CHILD  
NAME OF BIRTH PARENT GIVING THIS APPROVAL\*

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NAME OF CHILD PRIOR TO ADOPTION \_\_\_\_\_ BORN ON \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
GENDER  MALE  FEMALE

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

**\*IF BIRTH PARENT IS DECEASED, CONSIDERATION MAY BE GIVEN TO DEATH CERTIFICATE**

|   |                     |                           |  |
|---|---------------------|---------------------------|--|
| <b>NAME OF BIRTH PARENT</b>                 |                     |                           |  |
| LAST  | FIRST               | MIDDLE                    | MAIDEN OR OTHER NAMES USED   |
| DATE OF BIRTH<br>/ /                        | PHONE NUMBER<br>( ) | OTHER PHONE NUMBER<br>( ) | 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)              | 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 RELATIVE UNLESS BOTH THE RELATIVE AND ADOPTEE HAVE COMPLETED AN APPLICATION FOR THE ADOPTION REUNION REGISTRY AND I HAVE GIVEN MY WRITTEN CONSENT. \*IF BIRTH PARENT IS DECEASED, CONSIDERATION MAY BE GIVEN TO DEATH CERTIFICATE.

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

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

by \_\_\_\_\_  
Printed Name of Birth Parent

by \_\_\_\_\_  
BIRTH PARENT SIGNATURE: MUST BE SIGNED IN THE PRESENCE OF A NOTARY

\_\_\_\_\_  
Signature of Notary Public

(Notary Stamp)

\*If birth parent is deceased, consideration may be made with the submission of the birth parent's death certificate.