



**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 at least 18 years of age
- I am the Adoptive Parent or other Legal Guardian of an Adopted Child and requesting on behalf of my Adopted Child

LAST NAME OF ADOPTEE		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		
<b>DISCLAIMER:</b> Non-identifying information may include information that was previously unknown to you, as the person making this request. For example, the non-identifying information provided pursuant to this request may occasionally be stated or understood differently than what you may have previously received or have been told. Due to the nature of this request, the State of Nevada's Adoption Reunion Registry encourages you to seek support for dealing with any emotions which may arise surrounding adoption search issues.					
INITIALS ACKNOWLEDGING DISCLAIMER: _____			DATE: _____		
PRINTED NAME OF APPLICANT			SIGNATURE OF APPLICANT		
<b>FOR NOTARY USE:</b> 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)		

Revised 6/2021 Bjh