



**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

**BIRTH PARENT APPLICATION**  
Please Print Clearly

<b>NAME OF BIRTH PARENT</b>			
LAST	FIRST	MIDDLE	MAIDEN OR OTHER NAMES USED
DATE OF BIRTH / /	PHONE NUMBER ( )	OTHER PHONE NUMBER ( )	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
E-MAIL ADDRESS OR OTHER CONTACT INFORMATION			INMATE #: (if applicable)
HOME ADDRESS: STREET		CITY	STATE ZIP CODE
MAILING ADDRESS: (IF DIFFERENT)		CITY	STATE ZIP CODE
<b>OTHER BIRTH PARENT'S NAME AND INFORMATION (IF KNOWN)</b>			
LAST	FIRST	MIDDLE	MAIDEN OR OTHER NAMES USED
DATE OF BIRTH / /	PHONE NUMBER ( )	OTHER PHONE NUMBER ( )	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
E-MAIL ADDRESS OR OTHER CONTACT INFORMATION			INMATE #: (if applicable)
MAILING ADDRESS: STREET		CITY	STATE ZIP CODE
<b>CHILD'S BIRTH NAME</b>			
LAST	FIRST	MIDDLE	NICKNAME OR OTHER NAMES USED
CHILD'S DATE OF BIRTH / /	CITY AND STATE WHERE THE CHILD WAS BORN		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
<p>I AM INTERESTED IN MAKING CONTACT WITH MY CHILD WHO WAS ADOPTED. I UNDERSTAND THAT CONTACT CANNOT BE MADE UNLESS MY CHILD ALSO COMPLETES AN APPLICATION FOR THE ADOPTION REUNION REGISTRY &amp; I UNDERSTAND THAT MY CHILD CANNOT COMPLETE THE APPLICATION UNTIL HE/SHE IS 18 YEARS OF AGE.</p> <p>I UNDERSTAND THAT THIS APPLICATION IS ONLY FOR MYSELF AND REGARDING THE CHILD INDICATED ON THIS APPLICATION.</p> <p>IF I WISH TO WITHDRAW THIS APPLICATION AT ANY TIME, I MUST NOTIFY THE ADOPTION REUNION REGISTRY IN WRITING BY SUBMITTING A CHANGE FORM.</p> <p>IT IS MY RESPONSIBILITY TO KEEP THE ADOPTION REUNION REGISTRY CURRENT AS TO ANY CHANGES: 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.</p>			
BIRTH PARENT SIGNATURE: MUST BE SIGNED IN THE PRESENCE OF A NOTARY			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)
<b>ADOPTION AGENCY INFORMATION</b>			
NAME OF ADOPTION AGENCY THAT HANDLED THE ADOPTION		CITY	STATE
<b>CHILD'S ADOPTED NAME</b>			
LAST	FIRST	MIDDLE	NICKNAME OR OTHER NAMES USED
<b>NAME OF ADOPTIVE PARENT #1</b>			
LAST	FIRST	MIDDLE	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
<b>NAME OF ADOPTIVE PARENT #2</b>			
LAST	FIRST	MIDDLE	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE