



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 persons related to the adopted person within the third degree of consanguinity)
 Please Print Clearly

| | | | |
|---|----------------|----------------|------------------------|
| FULL NAME | | | |
| LAST | FIRST | MIDDLE | MAIDEN |
| DATE OF BIRTH | HOME PHONE NO. | WORK PHONE NO. | SOCIAL SECURITY NUMBER |
| / / | () | () | - - |
| HOME ADDRESS STREET | | CITY | STATE ZIP |
| MAILING ADDRESS (IF DIFFERENT) STREET | | CITY | STATE ZIP |
| E-MAIL ADDRESS | | | |
| AGENCY THAT HANDLED ADOPTION (IF KNOWN) NAME | | CITY | STATE |
| NAME(S) OF CHILD'S BIRTH PARENT TO WHOM YOU ARE RELATED OR PRIOR ADOPTIVE PARENT, IF APPLICABLE | | | |
| LAST | FIRST | MIDDLE | DOB |
| LAST | FIRST | MIDDLE | DOB |
| CHILD'S NAME PRIOR TO ADOPTION | | | |
| LAST | FIRST | MIDDLE | DOB GENDER |
| DESCRIBE SPECIFICALLY HOW YOU ARE RELATED TO CHILD, E.G., BROTHER, SISTER OF CHILD'S MOTHER, FATHER OF CHILD'S FATHER, ETC.: | | | |
| <p>I am interested in obtaining information about the above who was adopted. I understand I cannot receive any information unless the child also completes an Application for Adoption Reunion Registry and the birth parent consents to my obtaining this information.</p> <p>I understand that the information provided on this application will be shared with my relatives related within the third degree of consanguinity whom also must have a notarized application on file.</p> <p>I understand that I may withdraw this application at any time by notifying the Adoption Reunion Registry in writing. I understand that if I withdraw my application the child will not be able to obtain identifying information about me.</p> <p>I will notify the Adoption Reunion Registry of my whereabouts in the instance I should move and as I provide new information to the Registry, I authorize the Division of Child and Family Services to update this form as requested.</p> | | | |
| _____ | | _____ | |
| DATE | | SIGNATURE | |
| State of _____ | | | |
| County of _____ | | | |
| Subscribed and sworn to before me this | | | |
| _____ day of _____, _____ | | | |
| _____ | | | (Notary Stamp) |
| Notary Public | | | |

(MUST COMPLETE PAGE 2 ON REVERSE SIDE)

**CONSENT OF BIRTH PARENT* TO RELEASE ADOPTION
REGISTRY INFORMATION**

I, _____, give my consent to the release of information regarding
(child's name prior to adoption) _____,
born on (D.O.B.) _____, sex of child _____,
to (relative's name) _____,
who is my (brother, sister, father, mother, etc.) _____.

I understand no information will be released to the relative or child unless both have completed an Application for Adoption Reunion Registry and I have given my consent. I also understand I, too, may complete an Application for the Registry.

I understand I may withdraw my consent at any time by notifying the Adoption Reunion Registry in writing.

_____ Date _____ Signature _____

State of _____

County of _____

Subscribed and sworn to before me this

_____ day of _____, _____

_____ Notary Public

(Notary Stamp)

For Office Use Only:

Adopting Parent(s) _____
Last Name(s) First Name(s)

*Or prior adoptive parent, if applicable

(Revised 10/02) (3406)