

REQUEST FOR NON-IDENTIFYING INFORMATION

The Adoption Reunion Registry, State of Nevada
Division of Child and Family Services
4126 Technology Way, 3rd Floor, Carson City NV 89706
(775) 684-4400

Request from: _____

Relationship: _____

Address & Phone: _____

Reason for Request: _____

Child's Date of Birth and Place of Birth: _____

Adoptive Parent: _____

Birth Parent: _____

Agency and Location that handled the adoption: _____

Date: _____

Name: _____
Signature

State of _____

(Notary Stamp)

County of _____

Subscribed and sworn to before me, personally appeared

_____ This
_____ Day of _____
