

STATE OF NEVADA
DEPARTMENT OF HUMAN RESOURCES
Division of Child and Family Services

APPLICATION FOR ADOPTION REGISTRY — RELATIVE

(Limited to persons related to the adopted person within the third degree of consanguinity)

Name.....
Last First

Phone No.....
Home Work

Home Address.....
Street City State Zip

Mailing Address (If Different).....
Street City State Zip

Name(s) of child's birth parent* to whom you are related:
.....
.....

D.O.B.....

Child's name prior to adoption.....

D.O.B..... Sex of Child.....

Describe specifically how you are related to child, e.g., brother, sister of child's mother, father of child's father, etc.:
.....

Agency that handled adoption (if known).....

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 Registry and the birth parent consents to my obtaining this information.

I understand that I may withdraw this application at any time by notifying the Adoption Registry in writing. I understand that if I withdraw my application the child will not be able to obtain information about me.

I will notify the Adoption 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 the information on this form upon my request.

.....
Date Signature

Subscribed and sworn to before me this.....day of
....., 19.....

.....
Notary Public

**When completed send to the Adoption Registry, Division of Child and Family Services, Administrative Offices, Capitol Complex,
Fifth and Roop Streets, Carson City, Nevada 89710.**

*Or prior adoptive parent, if applicable.

**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 Registry and I have given my consent. I also understand I, too, may complete an Application for Adoption Registry.

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

.....
Date Signature

Subscribed and sworn to before me this.....day of
....., 19.....

.....
Notary Public

**When completed send to the Adoption Registry, Division of Child and Family Services, Administrative Offices, Capitol Complex,
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