

South Carolina Department of Social Services  
**ADOPTION REUNION REGISTER**  
**BIOLOGICAL PARENT**

Name of Child at Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex of Child: \_\_\_\_\_

Name of Birth Mother at Time of Birth: \_\_\_\_\_

I understand that:

- Completing and returning this affidavit enters my name on the Register.
- This affidavit will remain on file, unless I send a **written** request to have it removed.
- It is my responsibility to update this registration, **in writing**, if there is a change of name, address or telephone number.
- When a match occurs, the agency will contact me, using the latest information that I have provided, to schedule the required counseling.
- After the counseling is completed, the law requires a 30-day waiting period.
- At the end of the waiting period, I will receive notification of name, address and telephone number of the other party and I am at liberty to pursue the actual reunion in a mutually acceptable manner.

**AFFIDAVIT**

**PERSONALLY APPEARS** the undersigned party, who being duly sworn, deposes and says that as the biological parent of the child named above, I am willing to have my identity, address and telephone number, shown below, revealed to this child, now an adult; that I freely and voluntarily release and hold harmless the State of South Carolina and its adoption agencies and all employees thereof from any liability which may accrue by reason of the release and disclosure of this information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Street Address

\_\_\_\_\_  
Printed City, State, Zip Code

\_\_\_\_\_  
Home Telephone (With Area Code)

\_\_\_\_\_  
Work Telephone (With Area Code)

**SWORN TO AND SUBSCRIBED BEFORE ME THIS, THE**

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public

**STATE OF:** \_\_\_\_\_

**MY COMMISSION EXPIRES:** \_\_\_\_\_