

**South Carolina Department of Social Services
ADOPTION REUNION REGISTER
ADULT ADOPTEE**

Name of Adoptee: _____

Date of Birth: _____

Name of Adoptive Parents: _____

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 I was placed for adoption by my biological parents; I am willing to have my identity, address and telephone number, shown below, revealed to my biological parents; 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: _____