DSS
SOUTH CAROLINA
DEPARTMENT of SOCIAL SERVICES

South Carolina Department of Social Services
Adoption Reunion Registry Affidavit
Biological Grandparent

Instructions: Please carefully read this affidavit form and complete each section. **This affidavit is a sworn, written, statement and must be signed and dated in the presence of a notary. Please upload a copy of your photo ID when submitting your completed affidavit.**

REGISTRANT INFORMATION

First Name	Middle Name	Last Name	Maiden Name	Suffix
Other Names Used (including married, aliases, nicknames)				Sex ☐ Male ☐ Female
Birth Date	Age	E-mail Address		
Mailing Address	City	State	Zip	
Telephone (including Area Code)				

PERSONALLY, APPEARS the undersigned party, who being duly sworn, deposes and says that:

- I understand that South Carolina law allow s the South Carolina Department of Social Services (Department) to provide an adoptee with identifying information about biological parents, biological grandparents, and biological siblings and the biological parents, biological grandparents, and biological siblings if the Department has in its reunion registry and affidavit from both parties authorizing the sharing of information.
- I agree to the disclosure of my identity to the Adoptee by way of the Department's reunion registry:
  - I want this affidavit to remain in the reunion registry, unless I send a written request to the Department requesting that my affidavit be removed.
  - It is my responsibility to update this affidavit, in writing, if there is a change in my status, name, address or telephone number.
  - I understand if my affidavit matches the affidavit of a relative to whom I am authorizing disclosure, the Department will contact me, using the latest information that I provided to schedule the required counseling. The purpose of counsel is to make sure I understand the effects of disclosure of my identity as I have stated in this affidavit. I have been informed the agency may charge a fee for counseling services; however, I will not be denied counseling services due to inability to pay.
  - After counseling is completed, State law requires a 30-day waiting period. The State Director (or designee) may waive the 30-day waiting period in extreme circumstances. The period may also be extended for an additional 30 days to make application to the court to prohibit disclosure based upon a showing of good cause.
  - Otherwise, at the end of the waiting period, I will receive notification of the name, address, and telephone number of the relative and I am at liberty to pursue the actual reunion in a mutually acceptable manner.

Pursuant to S.C Code Section 63-9-780, I authorize disclosure of identifying information as stated above and I 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.

I make this statement knowingly, freely, and voluntarily and I am not under duress or coercion.

Further affiant sayeth not,

Signature Of Applicant ____ Date ____________________

Print Name of Applicant____

SWORN TO AND SUBSCRIBED BEFORE ME THIS,

THE________DAY OF______________, 20_______

____
Signature of Notary Public for __________________

____
Print Name of Notary Public For ________________

STATE OF:__________________________________

MY COMMISSION EXPIRES:_________________