



**REQUEST FOR SERVICE:**

Please provide us with the reason for your request and what information you are looking for (e.g., full file disclosure, specific documents, etc).

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**INFORMATION ABOUT THE ADOPTED PERSON AFTER ADOPTION**

Please complete as much information as possible.

***Adoptee Information***

Adoptive Name	
Date of Birth (dd/mm/yyyy)	
Date of Adoption (dd/mm/yyyy)	

***Adoptive Parents' Information:***

Adoptive Mother's Name	
Date of Birth (dd/mm/yyyy)	

Adoptive Father's Name	
Date of Birth (dd/mm/yyyy)	

**INFORMATION ABOUT THE ADOPTED PERSON BEFORE ADOPTION**

Please completed as much information as possible.

***Adoptee's Birth Information:***

Birth Name	
Date of Birth (dd/mm/yyyy)	

***Birth Parents' Information (at the time of adopted person's birth):***

Birth Mother's Name	
Date of Birth (dd/mm/yyyy)	

Birth Father's Name:	
Date of Birth (dd/mm/yyyy)	

**ADDITIONAL INFORMATION**

Please provide us with any additional information you feel will assist us in our search for records.

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**CONSENT FOR ADOPTED PERSONS UNDER 18 YEARS OF AGE**

If you are an adopted person under 18 years of age, this section must be completed by your adoptive parent who has legal custody.

I, \_\_\_\_\_, hereby confirm that:

- a) I am the adoptive parent of \_\_\_\_\_
- b) I have legal custody of \_\_\_\_\_
- c) I provide my consent for his/her application for non-identifying information under section 11 of O. Reg. 464/07 made under the *Child and Family Services Act*.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CONTACT PHONE NUMBER:** \_\_\_\_\_

**PROOF OF IDENTITY:** Please provide copies of 2 pieces of identification – one of which must be Government issued photo ID.

**PROOF OF DEATH:** If you are a direct descendent of an adoptive person OR are a sibling of a birth parent who is deceased, we require you to provide us with proof of death in the form of a Death Certificate, Statement of Death or official obituary showing relation to the deceased.

**HOW WOULD YOU LIKE TO RECEIVE YOUR INFORMATION?**

- Password Protected Email (recommended)
- Password Protected USB (recommended)
- Hard Copy (paper format)

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

2 pieces of ID received  YES  NO

Confirmed By: \_\_\_\_\_ Date: \_\_\_\_\_