

REQUEST FOR NON-IDENTIFYING ADOPTION INFORMATION

Are you: □	Adopted Person 18 years of age or older					
	\square Adopted Person under 18 years of age with consent of your adoptive par					
	☐ Adoptive Parent					
	☐Birth Parent					
	☐ Birth Grandparent					
	☐ Birth Sibling					
\Box A child of an adopted person (proof of death is required)						
\square A sibling of a birth parent (proof of death is required)						
APPLICANT INFO	RMATION					
Full Name						
Date of Birth (dd/mm/yyyy)						
Former Name(s) or Alias						
Contact Informat	tion:					
Address	Street Address					
Address	City		Province		Postal Code	
Home Phone			Cell			
E-mail address						
Can we leave a message: a		t your home number?		YES	NO	
	c	on your cell?		YES	NO	

REQUEST FOR SERVICE: Please provide us with the reas (e.g., full file disclosure, specific	on for your request and what information you are looking for
(e.g., run me disclosure, specime	documents, etc).
INFORMATION ABOUT THE AD	OPTED PERSON <u>AFTER</u> ADOPTION
Please complete as much inforr	mation as nossible
	nation as possible.
Adoptee Information	
Adoptive Name	
Date of Birth (dd/mm/yyyy)	
Date of Adoption (dd/mm/yyy	y)
Adaptiva Davante' Information	
Adoptive Parents' Information. Adoptive Mother's Name	•
·	
Date of Birth (dd/mm/yyyy)	
Adoptivo Fathery's News	
Adoptive Father's Name	
Date of Birth (dd/mm/yyyy)	

INFORMATION ABOUT THE ADOPTED PERSON $\underline{\text{BEFORE}}$ 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)	

CONSENT FOR ADOPTED PERSONS UNDER 18 YEARS OF AGE						
CONSENT TOR ADDITED TERSONS CIVILIN TO TEARS 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 <i>Child and Family Services Act</i> .						
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:						