

Please mail your completed form to **ServiceOntario**  
**Office of the Registrar General**  
 PO Box 9000  
 Thunder Bay ON P7B 0A5

If you have any questions, please call  
 Within North America: 1 800 461-2156  
 In Toronto or Internationally: 416 325-8305

*(THIS SPACE RESERVED FOR OFFICE USE ONLY)*

**Important**

Please read through the instructions thoroughly **before** completing this form.  
 Please **print clearly in blue or black ink**.

**Section A - Applicant Information**

Current Legal Surname (Last Name)	First and Middle Names
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**Mailing Address at which correspondence from this office regarding this application can be mailed to you:**

Apt. No.	Street No.	Street Name	PO Box	Buzzer No.
City/Town			Province/State	
Country	Postal/Zip Code	*Telephone No.	Ext.	

**\* A telephone number may be used by this office to contact you regarding this application. If you do not wish to be contacted by telephone, do not include a telephone number.**

**Section B - Service Requested**

**Service Requested:** Disclosure of adoption related information under section 48.1 or 48.2 of the *Vital Statistics Act*.

**Please Identify if you are**

- The Adopted Person (you must be at least 18 years old to apply;) or
- The Mother named on the original birth registration (the adopted person must be at least 19 years old for you to apply;) or
- The Father / other parent named on the original birth registration (the adopted person must be at least 19 years old for you to apply.)

**Please complete**

The adopted person is now \_\_\_\_\_ years old.

**Section C - Information about Adopted Person AFTER Adoption**

Legal Surname ( <i>Last Name</i> ) of Adopted Person		First Name		Middle Name(s)	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth Year   Month   Day		Birth registration number ( <i>if known</i> )		Date of adoption ( <i>if known</i> ) Year   Month   Day
Has the person named above ever had a legal name change? If "Yes" provide details below. <input type="checkbox"/> Yes <input type="checkbox"/> No					
Previous Legal Surname ( <i>Last Name</i> )		First Name		Middle Name(s)	
<b>Place of Birth of Adopted Person</b> City/Town		Province/State		Country	
Legal Surname ( <i>Last Name</i> ) of Adoptive Mother or Father		First Name		Middle Name(s)	
Any other Legal Surnames ( <i>Last Name</i> )		Date of Birth Year   Month   Day		Adoptive Mother's or Father's age ( <i>at time of this birth</i> )	
<b>Place of Birth of Adoptive Mother or Father</b> City/Town		Province/State		Country	
Legal Surname ( <i>Last Name</i> ) of Adoptive Father or Mother		First Name		Middle Name(s)	
Any other Legal Surnames ( <i>Last Name</i> )		Date of Birth Year   Month   Day		Adoptive Father's or Mother's age ( <i>at time of this birth</i> )	
<b>Place of Birth of Adoptive Father or Mother</b> City/Town		Province/State		Country	

**Section D - Information about Adopted Person BEFORE Adoption**

Last Name		First Name		Middle Name(s)	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth Year   Month   Day		Birth registration number ( <i>if known</i> )		
<b>Place of Birth of Adopted Person</b> City/Town		Province/State		Country	
Legal Surname ( <i>Last Name</i> ) of Mother or Father		First Name		Middle Name(s)	
Any other Legal Surnames ( <i>Last Name</i> )		Date of Birth Year   Month   Day		Mother's or Father's age ( <i>at time of this birth</i> )	
<b>Place of Birth of Mother or Father</b> City/Town		Province/State		Country	
Legal Surname ( <i>Last Name</i> ) of Father or Mother		First Name		Middle Name(s)	
Any other Legal Surnames ( <i>Last Name</i> )		Date of Birth Year   Month   Day		Father's or Mother's age ( <i>at time of this birth</i> )	
<b>Place of Birth of Father or Mother</b> City/Town		Province/State		Country	

# Application for Post Adoption Birth Information Under Section 48.1 or 48.2 of the *Vital Statistics Act*

**As the applicant, you must sign and date this page in order for the application to be processed.**

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## **Making a false statement**

On conviction, a person who willfully makes a false statement in this application is liable to a fine of not more than \$50,000 or to imprisonment for a term of not more than two years less a day or both.

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## **Section E - Signed Statement by the Applicant**

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I certify that the information given on this application form is true and correct to the best of my knowledge and belief.

I am aware that it is an offence to wilfully make a false statement on this form.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Signature

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The information provided on this form is collected and may be used to determine your entitlement to and provide the service requested, search for and provide copies of the registered Statement or Withdrawal, and for adoption disclosure, statistical and research purposes, in accordance with the *Vital Statistics Act*, R.S.O. 1990, c. V.4 and for law enforcement purposes.

You may direct enquires regarding collection of this information to: Supervisor, ServiceOntario Call Centre, Contact Centre Service Branch, 5775 Yonge Street, Toronto ON M3M 3E6 or call 1 800 461-2156 in North America or 416 325-8305 in Toronto and Internationally.

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If you are an adopted person who is applying for disclosure, you may be entitled to receive the following:

- An uncertified copy of your original birth registration, if any; and,
- An uncertified copy of any registered adoption order.

If you are a birth parent of an adopted person who is applying for disclosure, you may be entitled to receive information about the adopted person and yourself contained in the following documents:

- The adopted person's original birth registration, if any;
- Any substituted birth registration; and
- Any registered adoption order.