


Application to Request Non-Identifying Information Relating to an Adoption

If you have any questions, please contact:
ServiceOntario
Toll-free: 1 800 461-2156 or
Toronto: 416 325-8305

(THIS SPACE RESERVED FOR OFFICE USE ONLY)

BRI _____ CID _____


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

PART A: Applicant Information

Applicant Name

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	Surname (Last Name)	First Name
	Middle Name(s)	Maiden Name or Other Surname(s) <i>(if applicable)</i>
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (Day, Month, Year)	

Mailing Address

Street No.	Street Name	Apt. No.	Buzzer No.	PO Box
City/Town		Province/State	Country	Postal/Zip Code
 Daytime Telephone Number ()	Ext.	Can a message be left for you at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No	Alternate Telephone Number ()	Ext.

Additional Information About the Applicant

Please identify if you are *(check only one box)*

- An adopted person 18 years of age or older
- An adopted person under 18 years of age with the consent of your adoptive parent
- An adoptive parent
- A birth parent of an adopted person *(please check the appropriate box)*
 - Birth Mother
 - Birth Father
- A birth grandparent *(please check the appropriate box)*
 - Maternal grandmother
 - Maternal grandfather
 - Paternal grandmother
 - Paternal grandfather
- A birth sibling of an adopted person and you are 18 years of age or older
- A child of a deceased adopted person and you are 18 years of age or older
- A sibling of a birth parent, and you are 18 years of age or older
- An adopted person 18 years of age or older, applying to receive Non-identifying information regarding a birth sibling who is also adopted.

PART B: Information About the Adopted Person *AFTER* Adoption

Adoptive Surname (Last Name) of Adopted Person		First Name		Middle Name(s)
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (Day, Month, Year)		Date of Adoption (if known)
Has the person named above had a legal name change after adoption? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" provide details below				
Current Legal Surname (Last Name)		First Name		Middle Name(s)
Place of Birth of Adopted Person City/Town		Province/State		Country
Legal Surname (Last Name) of Adoptive Parent "A" (at time of adoption)				
First Name		Middle Name(s)		Any Other Legal Surnames (Last Name)
Legal Surname (Last Name) of Adoptive Parent "B" (at time of adoption)				
First Name		Middle Name(s)		Any Other Legal Surnames (Last Name)

PART C: Information About the Adopted Person *PRIOR* to Adoption

Surname (Last Name) of Adopted Person (at time of birth)				
First Name			Middle Name(s)	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (Day, Month, Year)		Birth Registration Number (if known)
Place of Birth of Adopted Person City/Town		Province/State		Country
Legal Surname (Last Name) of Birth Mother (at time of birth)				
First Name		Middle Name(s)		Any Other Legal Surnames (Last Name)
Date of Birth (Day, Month, Year)			Birth Mother's Age (at time of this birth)	
Place of Birth City/Town		Province/State		Country
Legal Surname (Last Name) of Birth Father (at time of birth)				
First Name		Middle Name(s)		Any Other Legal Surnames (Last Name)
Date of Birth (Day, Month, Year)			Birth Father's Age (at time of this birth)	
Place of Birth City/Town		Province/State		Country

PART D: Adoptive Parent Consent Form

If you are an adopted person under 18 years of age, this section **must** be signed by your adoptive parent.

I, _____ hereby confirm that I am
(Name of Adoptive Parent)

the adoptive parent of _____ and provide
(Name of Adopted Person)

my consent for their application for Non-identifying Information under section 11 of O.Reg. 464/07 made under the *Child and Family Services Act*.

(Signature of Adoptive Parent)

(Date of Signature)

PART E: Signed Statement by the Applicant

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

(Signature of Applicant)

(Date of Signature)

Mail your completed application to:

Custodian of Adoption Information
P.O. Box 654
77 Wellesley St. West
Toronto ON M7A 1N3

The information provided on this form is collected and will be used to determine your entitlement to receive Non-identifying Information relating to an adoption under section 11 of O.Reg. 464/07 made under the *Child and Family Services Act*. If you have any questions about the collection of information please contact: Director, ServiceOntario Call Centre, Contact Centre Service Branch, 5775 Yonge St, Toronto ON M3M 3E6 or call 1 800 461-2156 / 416 325-8305.