

## Application to Update Information or Remove Name from the Adoption Disclosure Register

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	Current Legal 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) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> </tr> </table>									

#### 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. (    )	

#### Purpose of Application

I have previously applied to be named on the Adoption Disclosure Register and would like to: *(you may check more than one box)*

- Update the list of birth relatives with whom I wish to be matched. *(Please complete PART B of the form)*
- Update my contact information. *(Please complete PART C of the form)*
- Update my current legal name due to a legal name change. *(Please complete PART D of the form)*

I have previously applied to be named on the Adoption Disclosure Register and I wish to withdraw my name from the Register. *(Please complete PART E of the form.)*

## PART B: Changes to Birth Relative List

Please indicate the changes you wish to make to the list of birth relative(s) with whom you wish to be matched. (Please check all the boxes that apply to you) This section applies to adopted persons only.

- |                           |                              |                                 |
|---------------------------|------------------------------|---------------------------------|
| i. Birth Sibling          | <input type="checkbox"/> Add | <input type="checkbox"/> Remove |
| ii. Birth Mother          | <input type="checkbox"/> Add | <input type="checkbox"/> Remove |
| iii. Birth Father         | <input type="checkbox"/> Add | <input type="checkbox"/> Remove |
| iv. Maternal grandmother  | <input type="checkbox"/> Add | <input type="checkbox"/> Remove |
| v. Maternal grandfather   | <input type="checkbox"/> Add | <input type="checkbox"/> Remove |
| vi. Paternal grandmother  | <input type="checkbox"/> Add | <input type="checkbox"/> Remove |
| vii. Paternal grandfather | <input type="checkbox"/> Add | <input type="checkbox"/> Remove |

## PART C: Contact Information Update



### Important:

The information you provide in this section will **replace** your contact information previously entered on the Adoption Disclosure Register. When updating your contact information, please ensure that you check **all** methods of contact that you wish to be entered on the Register and fill out the applicable sections. In the event that a Register match is confirmed, the adopted person, birth relative, birth parent, birth sibling or birth grandparent will receive **only** the contact information you provide in the section below.

Please indicate how you wish to be contacted by the adopted person, birth relative, birth parent, birth sibling or birth grandparent in the event that a Register match is confirmed by checking the boxes below and filling out those sections that apply to you. (You may check more than one box)

**Mail** 

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

**Telephone** 

Telephone Number (    )	Ext. 
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**Fax** 

Fax Number (    )
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**E-mail**

E-mail Address
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## PART D: Notice of Legal Name Change

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	Current Legal Surname (Last Name)	First Name
	Middle Name(s)	Date of Legal Name Change ( <i>Day, Month, Year</i> )
Previous Legal Surname (Last Name)	First Name	Middle Name(s)

## PART E: Signed Statement to Have Name Removed from the Adoption Disclosure Register

I hereby request that my name be removed from the Adoption Disclosure Register under section 9 of O.Reg. 464/07 made under the *Child and Family Services Act*.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date of Signature)

## PART F: 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 update your information or remove your name from the Adoption Disclosure Register under section 9 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.