


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 **Guide to Completing an Application for Copy of an Adoption Order** 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 <i>(Day, Month, Year)</i>	

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 confirm that you are *(check only one box)*

An adopted person 18 years of age or older

An adoptive parent

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 <i>(Day, Month, Year)</i>	Date of Adoption <i>(if known)</i>
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" <i>(at time of adoption)</i>		
First Name	Middle Name(s)	Any Other Possible Surnames (Last Name)
Legal Surname (Last Name) of Adoptive Parent "B" <i>(at time of adoption)</i>		
First Name	Middle Name(s)	Any Other Possible Surnames (Last Name)

PART C: Information About the Adopted Person *PRIOR* to Adoption (If Known)

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

PART D: 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.	
_____	_____
<i>(Signature of Applicant)</i>	<i>(Date of Signature)</i>

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 a copy of an Adoption Order with any information that may reveal the identity of a birth parent removed section 21.1 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.