

RESCIND A DISCLOSURE VETO OR NO-CONTACT DECLARATION Pertaining to an Adopted Person or Birth Parent

PLEASE READ NOTES ON REVERSE OF THIS FORM

The information on this form is collected under the authority of the *Adoption Act* (1996, RSC5, Sec. 65 and 67). The information provided will be used to fulfill the requirements of the *Adoption Act* for withholding adoption information. The release of this information is in compliance with the *Adoption Act* and the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection or use of this information, contact a Vital Statistics representative at 250-952-9057, or write to the mailing address shown on the back of this form.

INFORMATION ABOUT THE PERSON APPLYING

APPLICANT'S PERSONAL HEALTH NUMBER _____	APPLICANT BORN IN BRITISH COLUMBIA <input type="checkbox"/> YES <input type="checkbox"/> NO	SHADED AREA FOR OFFICE USE ONLY APPLICATION FOR SERVICE NUMBER _____
SURNAME _____	GIVEN NAME(S) _____	
MAILING ADDRESS _____		
CITY/PROV/STATE/COUNTRY _____	POSTAL CODE _____	
HOME PHONE NUMBER _____	WORK PHONE NUMBER _____	

I AM:

- ADOPTED PERSON → Complete Section A
(18 years or older)
- BIRTH PARENT → Complete Section B

SECTION A: to be completed by adopted person - as applicant (PLEASE PRINT)

NAME ON BIRTH CERTIFICATE AFTER ADOPTION SURNAME _____	GIVEN NAME(S) _____	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH MMM DD YYYY _____
BIRTHPLACE (CITY/PROV/STATE/COUNTRY) _____	PLACE OF ADOPTION (CITY/PROV/STATE/COUNTRY) _____		
SURNAME OF ADOPTIVE FATHER _____	GIVEN NAME(S) _____	BIRTHPLACE OF ADOPTIVE FATHER (CITY/PROV/STATE/COUNTRY) _____	
MAIDEN SURNAME OF ADOPTIVE MOTHER _____	GIVEN NAME(S) _____	BIRTHPLACE OF ADOPTIVE MOTHER (CITY/PROV/STATE/COUNTRY) _____	
BIRTH NAME (IF KNOWN) _____		BIRTH REGISTRATION NUMBER (FROM BIRTH CERTIFICATE) _____	

SECTION B: to be completed by birth parent - as applicant (PLEASE PRINT)

PARTICULARS OF BIRTH PARENTS (AT TIME OF ADOPTED PERSON'S BIRTH)			
MAIDEN SURNAME OF BIRTH MOTHER _____	GIVEN NAME(S) _____	SURNAME OF BIRTH FATHER _____	GIVEN NAME(S) _____
DATE OF BIRTH MMM DD YYYY _____	BIRTHPLACE (CITY/PROV/STATE/COUNTRY) _____	DATE OF BIRTH MMM DD YYYY _____	BIRTHPLACE (CITY/PROV/STATE/COUNTRY) _____
PARTICULARS OF ADOPTED PERSON PRIOR TO ADOPTION			
SURNAME _____	GIVEN NAME(S) _____	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH MMM DD YYYY _____
BIRTHPLACE (CITY/PROV/STATE/COUNTRY) _____			BIRTHPLACE (CITY/PROV/STATE/COUNTRY) _____
NAME OF ADOPTED PERSON FOLLOWING ADOPTION (IF KNOWN) _____			

SIGNATURE OF APPLICANT X _____

WRITTEN SIGNATURE OF APPLICANT (DO NOT PRINT)

Rescind a Disclosure Veto and/or No-Contact Declaration (ADOPTION ACT)

- Under sections 65 and 66 of the *Adoption Act*, a person who files a disclosure veto or no-contact declaration may cancel the declaration or veto at any time by notifying, in writing, the Registrar General of Vital Statistics.

Making a false statement:

Under section 86 of the *Adoption Act*, a person must not make a statement that the person knows to be false or misleading in an application, or in connection with an application for a copy of a birth registration, or other record from the Vital Statistics Agency, or for filing a disclosure veto, or no-contact declaration. A person who contravenes this section of the *Act* commits an offence and is liable on conviction to a fine of up to \$5,000.

Having read and understood the above section of the *Act*,

I, _____ do solemnly declare that I wish to
(Print Full Given Names and Surname)

rescind my:

- DISCLOSURE VETO**
under section 65 of the *Adoption Act* and do hereby permit the disclosure of birth and adoption records maintained by the Vital Statistics Agency under sections 63 or 64 of the *Adoption Act*.
- NO-CONTACT DECLARATION**
under section 66 of the *Adoption Act* and do hereby permit the disclosure of birth and adoption records maintained by the Vital Statistics Agency under sections 63 or 64 of the *Adoption Act*.

Signature of Declarant

Date

TO AVOID DELAY

- Complete the appropriate section in full and attach a **photocopy** of your birth certificate. *(All requests with incomplete information must be accompanied by a written explanation for the omission. If any portion of the relevant event information is left blank the application will be returned for completion.)*
- Be sure you are authorized to make the request.
- Be sure your address and telephone number are correct and clear.
- The fee to rescind a Disclosure Veto or No-Contact Declaration is paid for by the Adoption Division of the Ministry for Children and Family Development.

CONTACT US

Mailing Address: Vital Statistics Agency, PO Box 9657 Stn Prov Govt, Victoria BC V8W 9P3
Telephone: (Victoria & Outside B.C.) 250 952-2681, (within B.C.) 1 888 876-1633
Web: www.gov.bc.ca/vitalstatistics

Apply for services in person at any Service BC Centre. Visit www.servicebc.gov.bc.ca for your nearest location.