



STATUTORY DECLARATION AND UNDERTAKING Pertaining to a No-Contact Declaration as Filed Under the ADOPTION ACT

This information is collected by the Vital Statistics Agency under section 26(c) of the Freedom of Information and Protection of Privacy Act, and will be used to fulfill the requirements of the Vital Statistics Act for withholding adoption information. Should you have any questions about the collection of this personal information, please contact: Manager, Vital Statistics Agency, 250 952-2681, PO Box 9657, Stn Prov Govt, Victoria BC V8W 9P3.

INFORMATION ABOUT THE PERSON APPLYING

Form with fields for Applicant's Date of Birth, Applicant Born in British Columbia?, Surname, Given Name(s), Mailing Address, City, Province/State, Country, Postal/Zip Code, Home Phone, and Work Phone. Includes a shaded area for office use only.

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.

I, _____, do solemnly declare that;

I will not:

- 1) knowingly contact or attempt to contact the person who filed the declaration;
2) procure another person to contact the person who filed the declaration;
3) use information obtained under this Act to intimidate or harass the person who filed the declaration; or
4) procure another person to intimidate or harass, by the use of information obtained under this Act, the person who filed the declaration.

I further understand that should I fail to observe this Statutory Declaration and Undertaking, that, under Section 87 of the Adoption Act, I have committed an offence, and am liable on conviction to a fine of up to \$10,000 or to imprisonment for up to 6 months, or to both.

I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

Signature of Applicant section with date fields (MMM DD YYYY) and a note: * Dates must match

Signature of Service BC Representative, Lawyer, Articled Law Student, Notary Public, or Commissioner for Taking Affidavits section



CONTACT US

Mailing Address: Vital Statistics Agency, ATTN: CONFIDENTIAL SERVICES, PO Box 9657 Stn Prov Govt, Victoria BC V8W 9P3
Telephone: 250 952-9057
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.