

BC ADOPTION REUNION REGISTRY APPLICATION

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Adoption Act*. Under certain circumstances, the collected information may be subject to disclosure as per the *Adoption Act* and/or the *Freedom of Information and Protection of Privacy Act*. Any questions about the collection, use or disclosure of this information should be directed to Information Access Operations, Phone: 250-387-1321, FAX: 250-387-9843, Mail: PO Box 9569 Stn Prov Govt, Victoria, BC V8W 9K1 or Email: FOI.Requests@gov.bc.ca

HOW TO REGISTER:

- Registration on the Passive Registry and registration for an Active Search is available to parties to an
 adoption that was granted in British Columbia. For a brief description of these services and to determine
 whether you are eligible to apply for these services see page 2 of this application form.
- Complete the application form in full, to the best of your knowledge. This will assist the Registry in processing your application.
- Be sure your address and telephone numbers are correct and clear. Please notify the Registry if your name or address changes.
- You may withdraw your application by making a written request to the Registry.

NOTES:

- The registration fee of \$25.00 includes registration on Passive Registry.
- When applying for an **Active Search**, submit only the \$25.00 registration fee. You will be contacted for payment of the additional Active Search fee when the Registry staff are ready to begin the search.
- Fees may be paid by VISA, MasterCard, cheque or money order (Canadian funds, payable to the Minister of Finance). Cash not acceptable. For payment by credit card please see Section 3, Part B on page 4.
- If you are unable to pay the required fee, you may complete and submit an Income Test form to see if you qualify for full or partial exemption of fees. An Income Test form may be requested from the Adoption Reunion Registry.
- A separate fee is charged for each search.

PLEASE MAIL YOUR COMPLETED APPLICATION WITH: 1) A COPY OF YOUR BIRTH CERTIFICATE;

- A COPY OF THE ORIGINAL BIRTH REGISTRATION (if applicable); AND
- 3) REGISTRATION FEE TO THE ADOPTION REUNION REGISTRY.

ADOPTION REUNION REGISTRY PO BOX 9705 STN PROV GOVT VICTORIA BC V8W 9S1

For further information call:

In Greater Victoria: 250-387-3660 or Outside Greater Victoria: toll-free 1-877-387-3660

OR

Enquiry BC:

In Vancouver: 604-660-2421

Elsewhere in BC: 1-800-663-7867 (request transfer to desired contact phone number)

REGISTRATION ON THE PASSIVE REGISTRY

For the Passive Registry, no search is conducted to locate the other party. Reunions occur only if both parties are registered.

An application to the Passive Registry must be accompanied by a copy of your Birth Certificate and any other documentation as is required by the Registry to determine your identity and your relationship to the other party.

Adopted Adults

An adopted adult (an adopted person 19 years of age or older who was adopted in British Columbia) may register on the Passive Registry for contact with any or all of the following birth relatives:

- · Birth parents;
- Birth Siblings adopted into another family;
- · Birth Siblings who were not adopted; and
- Other birth relatives (grandparents, aunts, uncles, cousins).

Please note that you must specify which of the above birth relatives you want to have contact with. You may request contact with any or all of the above. You will only be matched with the birth relative(s) specified in your application.

Birth Parents

Birth parents may register on the Passive Registry for contact with an adopted adult whom they placed for adoption.

Relatives

Adult persons may register on the Passive Registry for contact with a birth relative who is an adopted adult.

REGISTRATION FOR AN ACTIVE SEARCH

Adopted Adults

Adopted adults may request an Active Search for their birth mother and/or their birth father. If a birth parent is deceased, an adopted adult may request an Active Search for siblings related to that birth parent. Adopted adults may request an Active Search for siblings adopted by a different family.

Your application for an Active Search must be accompanied by a copy of your Birth Certificate and a copy of the Birth Registration obtained under Section 63 of the *Adoption Act*.

Birth Parents

Birth parents may request an Active Search for an adopted adult whom they placed for adoption.

Your application for the Active Search must be accompanied by a copy of your Birth Certificate and the original Registration of Live Birth and/or Adoption Order obtained under Section 64 of the *Adoption Act* from Vital Statistics. Also acceptable, under the *Adoption Act*, is the Consent to Adoption that you signed.

PLEASE NOTE: Historically birth fathers' particulars have not been recorded on the Registration of Live Birth. The Adoption Reunion Registry will verify whether you signed a Consent to Adoption.

Birth Siblings of an Adopted Adult

Birth Siblings of an adopted adult may request an Active Search for the adopted adult if the birth parent to whom they are both biologically related to is deceased.

Your application for an Active Search must be accompanied by a copy of the Death Certificate of the deceased birth parent.

Children or Grand Children of an Adopted Adult

Children or grandchildren of an adopted adult who are deceased may request an Active Search for:

- The adopted adult's birth mother and/or their birth father:
- Adopted siblings of the adopted adult; and
- If the birth parent of the deceased adopted adult is also deceased, birth siblings of the adopted adult who were not adopted.

Your application for an Active Search must be accompanied by a copy of the Death Certificate of the deceased adopted adult.

NOTES:

If a party with whom you are seeking contact is located on the Passive Registry or is located by an Active Search, you will be contacted by the Registry before identifying information is released.

To obtain a copy of the birth registration under Section 63 or 64 of the Adoption Act contact the Vital Statistics Agency at:

In Victoria: 250-952-2681 In Vancouver: 604-660-2937

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Ministry of Children and Family Development

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Collection of personal information on this form is pursuant to the Freedom of Information and Protection of Privacy Act, under the authority of the Adoption Act for the purpose of facilitating delivery of services. Collected Information will be used and disclosed in compliance with the Freedom of Information and Protection of Privacy Act. Any questions about the collection, use or disclosure of this information should be directed to Information Access Operations, Phone: 250-387-1321, FAX: 250-387-9843, Mail: PO Box 9569 Stn Prov Govt, Victoria, BC V8W 9K1 or Email: FOI.Requests@gov.bc.ca

A. APPLICANT'S INF	ORMATION									
NAME OF APPLICANT (IN FULL)			HOME PHONE	NUMBER	WORK PHONE	ORK PHONE NUMBER MOBILE PH		PHONE NUMBER		
ADDRESS				CITY/TOWN			PROVINCE			
COUNTRY	POSTAL CODE			E-MAIL ADDRESS (OPTIONAL)						
B. IAM:	C. I REQUEST TH									
	Registration on the P	assive Regi	stry for con	for contact with:				Active Search for:		
An Adopted Adult Complete Section 2A	Birth Mother Birth Father Adopted Sibling(s) Non Adopted Sibling(s) Any or All Relatives Relatives as specified 1. 2. 3.					t	Non Ad	ather d Sibling(s) opted Sibling(s) non Birth Parent is		
A Birth Parent Complete Section 2B	☐ Adopted Adult(s)						☐ Adopte	d Adult(s)		
A Relative (specify relationship) Complete Section 2B	Adopted Adult(s) (as noted in Section 2, B) Adopted Adult(s)* * Please refer to page 2 of this application form for circumstances in which a birth relative may request an Active Search.							. ,		
SECTION 2										
	ED BY ADOPTED AD	ULT								
NAME ON BIRTH CERTIFICATE (IF DIFFERENT FROM ABOVE)				BIRTH DATE (YYYY/MM			E (YYYY/MM/DD)			
Names of adoptive parents at time of adoption										
FATHER'S NAME IN FULL MOTHER'S NAME IN FULL										
B. TO BE COMPLETED BY BIRTH PARENTS & RELATIVES OF ADOPTED ADULT Particulars of birth parents at time of adopted adult's birth										
FATHER				MOTHER						
NAME IN FULL				NAME IN FULL						
BIRTH DATE (YYYY/MM/DD)	BIRTH PLACE			BIRTH DATE (YYYY/MM/DD) BIRTH F		BIRTH PLACE	ACE			
Particulars of adopted per	son(s)									
NAME GIVEN TO CHILD(REN) AT BIRTH GENDI			BIRTH DATE (YYYY/MM/DD)		BIRTH PLACE			OSPITAL f known)		
C. WOULD YOU BE WILLING TO BE CONTACTED BY AN AGENT OF THE REGISTRY FOR THE PURPOSE OF PARTICIPATING IN ADOPTION RESEARCH? Yes No										
I declare that the information papelication is accurate to the	provided by me in this	APPLICANT'S SI					DATE SIGN	NED (YYYY/MM/DD)		

SECTION 3									
A. APPLICANT SERVICE OPTIONS (See page 1 for details)									
☐ REGISTRATION FEE ☐ PASSIVE REGIS	STRY* ACTIVE SEARCH*	SUBSEQUENT A	CTIVE SEARCHES						
*Was this adoption granted in British Columbia?	Yes No								
B. APPLICANT PAYMENT OPTION INFOR	MATION								
If you wish to pay the Registration Fee of \$25.00 by credit card, please insure you have included all contact phone numbers on this application, in order that the adoption reunion registrar is able to contact you.									
Do not include credit card information on the application.									
If you wish to pay the Registration Fee of \$25.00 by cheque or money order, please send your cheque or money order along with your application.									
C. RECEIPT MAILING INFORMATION									
NAME OF APPLICANT (IN FULL)		HOME PHONE NUMBER	WORK PHONE NUMBER						
ADDRESS		CITY/TOWN	PROVINCE						
COUNTRY	POSTAL CODE	E-MAIL ADDRESS (OPTIONAL)							

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