



## IDENTIFICATION PARTICULARS OF ADOPTED PERSON

In the Supreme Court of British Columbia and in the Matter of the Adoption Act

### PART A - TO BE COMPLETED BY THE COURT REGISTRY

COURT REGISTRY NO.	SUPREME COURT REGISTRY	DATE ADOPTION ORDER WAS GRANTED (E.G. APR/08/1984) MMM / DD / YYYY
<b>ORIGINAL BIRTH INFORMATION (OR CURRENT INFORMATION BASED ON A RECOGNIZED LEGAL CHANGE OF NAME)</b>		
LAST/FAMILY NAME		SEX
FIRST NAME	MIDDLE NAME(S)	BIRTHDATE (E.G. APR/08/1984) MMM / DD / YYYY
PLACE OF BIRTH (CITY/TOWN/VILLAGE)	PROVINCE (OR COUNTRY IF OUTSIDE CANADA)	BIRTH REGISTRATION NO.
<b>POST-ADOPTION INFORMATION ABOUT ADOPTED PERSON</b>		
LAST/FAMILY NAME		
FIRST NAME	MIDDLE NAME(S)	
<b>I hereby certify that the particulars contained herein are in accordance with the information on record in this Court Registry.</b>		
DATED AT _____, THIS _____ DAY OF _____, _____ YEAR A.D.		
X SIGNATURE OF COURT REGISTRAR		

### PART B - TO BE COMPLETED BY THE ADOPTIVE PARENT(S)

TYPE OF ADOPTION: <input type="checkbox"/> SINGLE <input type="checkbox"/> TWO PARENT <input type="checkbox"/> STEP PARENT			
<b>POST-ADOPTION INFORMATION</b>			
CHECK <u>ONE</u> OF THE FOLLOWING: <input type="checkbox"/> ADOPTIVE PARENT <input type="checkbox"/> BIRTH PARENT		CHECK <u>ONE</u> OF THE FOLLOWING: <input type="checkbox"/> ADOPTIVE PARENT <input type="checkbox"/> BIRTH PARENT	
STATE SEX OF PARENT:		STATE SEX OF PARENT:	
LAST/FAMILY NAME (AS PER <u>CURRENT</u> BIRTH, IMMIGRATION, OR CHANGE OF NAME CERTIFICATE)		LAST/FAMILY NAME (AS PER <u>CURRENT</u> BIRTH, IMMIGRATION, OR CHANGE OF NAME CERTIFICATE)	
SURNAME BY MARRIAGE (IF APPLICABLE)		SURNAME BY MARRIAGE (IF APPLICABLE)	
FIRST NAME	MIDDLE NAME(S)	FIRST NAME	MIDDLE NAME(S)
DATE OF BIRTH (E.G. APR/08/1984) MMM / DD / YYYY		DATE OF BIRTH (E.G. APR/08/1984) MMM / DD / YYYY	
PLACE OF BIRTH (CITY/TOWN/VILLAGE)	PROVINCE (OR COUNTRY IF OUTSIDE CANADA)	PLACE OF BIRTH (CITY/TOWN/VILLAGE)	PROVINCE (OR COUNTRY IF OUTSIDE CANADA)
PARENT'S SIGNATURE X		PARENT'S SIGNATURE X	
MAILING ADDRESS OF ADOPTIVE PARENT(S) - (APARTMENT NUMBER, BUILDING NUMBER, STREET ADDRESS)			
CITY/TOWN/VILLAGE		PROVINCE	POSTAL CODE HOME PHONE (INCLUDE AREA CODE)

**NOTE: CHECK FORM FOR ACCURACY BEFORE SUBMITTING. CORRECTIONS REQUESTED AFTER SUBMISSION ARE SUBJECT TO AN AMENDMENT FEE.**

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 the release of 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