



The personal information requested on this form is collected under the authority of and will be used for the purpose of administering a service under 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 discussed with the Adoptions Reunion Registry worker requesting this information.

Please return the completed and signed form to:

Adoption Reunion Registry
Ministry of Children and Family Development
PO Box 9705 Stn Prov Govt
Victoria BC V8W 9S1

SECTION 1 — APPLICANT INFORMATION

Form with fields: LAST NAME, GIVEN NAMES, DATE OF BIRTH (YYYY/MM/DD), ADDRESS, POSTAL CODE, PHONE NUMBER ( )

Have you applied to the Adoption Reunion Registry (ARR) before? [ ] YES [ ] NO
Are you in receipt of Income Assistance in BC? [ ] YES Submit Proof (i.e. copy of cheque stub) [ ] NO Complete Sections 2, 3, and 4

SECTION 2 — PERSONS LIVING IN THE HOUSEHOLD

List all people living in the household. Including spouse (spouse is defined as someone who is married to the applicant or lives with the applicant in a marriage-like relationship), adults who contribute to the household income and dependent children (children are defined as being younger than 19 years of age). Attach additional pages, if more space is required

Table with 4 columns: LAST NAME, GIVEN NAMES, RELATIONSHIP, DATE OF BIRTH (YYYY/MM/DD). Three rows for household members.

SECTION 3 — TOTAL FAMILY INCOME

Indicate either your Net Monthly income OR your Yearly income as shown on your last income tax return statement.

Income calculation table with columns: Applicant, Spouse, Total Amount. Rows for Net Monthly income and Yearly income from Line 260 of last year's income tax form.

SECTION 4 — DECLARATION

I, as the applicant, sign to confirm the information supplied by on this application is true and complete. I understand that I am required to inform the Adoption Reunion Registry immediately if there is a change to any of the information I have provided in this application or to any subsequently provided information. I consent to the verification of information provided regarding this application, or any updated or subsequently provided information. Information may be verified with any person or source, for the purpose of determining or auditing my eligibility

Form with fields: SIGNATURE OF APPLICANT, DATE OF SIGNATURE (YYYY/MM/DD)