



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

PART 1. APPLICANT'S IDENTIFICATION

Form with fields: LAST NAME, GIVEN NAMES, AREA CODE & TELEPHONE, ALSO KNOWN AS, ADDRESS, POSTAL CODE

COMPLETE THIS SECTION IF YOU ARE AN ADOPTIVE PARENT.

A. I AM AN ADOPTIVE PARENT OF AN ADOPTED CHILD UNDER 19 YEARS OF AGE. I AM REQUESTING REGISTRATION ON THE REGISTRY FOR POST ADOPTION CONTACT WITH MY CHILD'S:

- Birth Mother, Birth Father, Adopted Sibling(s), Non Adopted Sibling(s), Any or All Birth Relatives, Birth Relatives as specified below:

COMPLETE THIS SECTION IF YOU ARE A RELATIVE OF AN ADOPTED CHILD UNDER 19 YEARS OF AGE.

B. I AM THE CHILD'S:

- Birth Mother, Birth Father, Adopted Sibling, Non Adopted Sibling, Relative (specify relationship below):

I AM REQUESTING REGISTRATION ON THE REGISTRY FOR POST-ADOPTION CONTACT WITH A CHILD ADOPTED IN BRITISH COLUMBIA TO WHOM I AM RELATED.

PART 2. PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE.

TO BE COMPLETED BY ADOPTIVE PARENT OF ADOPTED PERSON UNDER 19 YEARS OF AGE (If you filled out Section A in Part 1)

Form with fields: LAST NAME (CHILD'S SURNAME BY ADOPTION), GIVEN NAMES, BIRTH DATE (YYYY/MM/DD), HOSPITAL WHERE CHILD WAS BORN (if known), GENDER (M/F), PLACE OF BIRTH, NAME OF ADOPTIVE PARENT(S) AT TIME OF ADOPTION, ADOPTIVE PARENT(S)' ADDRESS AT TIME OF ADOPTION, POSTAL CODE

TO BE COMPLETED BY BIRTH PARENT OR OTHER BIRTH RELATIVE
(If you filled out Section B in Part 1)

BIRTH MOTHER'S INFORMATION

LAST NAME		GIVEN NAMES	
ALSO KNOWN AS/MAIDEN NAME			
BIRTH DATE (YYYY/MM/DD)		PLACE OF BIRTH	

BIRTH FATHER'S INFORMATION

LAST NAME		GIVEN NAMES	
ALSO KNOWN AS			
BIRTH DATE (YYYY/MM/DD)		PLACE OF BIRTH	

PARTICULARS OF CHILD AT BIRTH

LAST NAME (CHILD'S SURNAME AT BIRTH)		GIVEN NAMES		BIRTH DATE (YYYY/MM/DD)	
HOSPITAL WHERE CHILD WAS BORN		GENDER <input type="checkbox"/> M <input type="checkbox"/> F		PLACE OF BIRTH	

PART 3

CONSENT OF ADOPTIVE PARENT OR GUARDIAN WHERE APPLICANT IS UNDER 19 YEARS OF AGE.

NAME OF PARENT OR GUARDIAN (please print) _____

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____
YYYY/MM/DD

PART 4

I DECLARE THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I AM AWARE THAT IT IS AN OFFENCE UNDER SECTION 86 OF THE *ADOPTION ACT* TO MAKE A FALSE OR MISLEADING STATEMENT.

APPLICANT'S SIGNATURE _____ DATE _____
YYYY/MM/DD

PLEASE PROVIDE ANY OTHER DETAILS WHICH YOU MAY FEEL MAY ASSIST THE REGISTRY IN PROCESSING YOUR APPLICATION.

INFORMATION PROVIDED IN THIS APPLICATION WILL BE USED FOR THE SOLE PURPOSE OF SECTION 60 OF THE *ADOPTION ACT*.

PLEASE MAIL YOUR APPLICATION WITH A COPY OF YOUR BIRTH CERTIFICATE TO:

Post Adoption Openness Registry
Adoption Services
Ministry of Children and Family Development
PO BOX 9705 Stn Prov Govt
Victoria BC V8W 9S1

Telephone: (250) 387-3660
Fax: (250) 356-1864

PLEASE ENSURE THAT A COPY OF YOUR BIRTH CERTIFICATE IS ATTACHED.