



# 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

Applicant's Date of Birth Month Day Year M M M D D Y Y Y Y Y			Applicant Born in British Columbia? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>SHADED AREA FOR OFFICE USE ONLY</b>									
Surname			Given Name(s)		APPLICATION FOR SERVICE NUMBER									
Mailing Address														
City, Province/State, Country			Postal/Zip Code											
Home Phone (include area code)			Work Phone (include area code)											

#### 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;  
(PRINT Full Given Name(s) and Surname)

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.

X \_\_\_\_\_  
Signature of Applicant

Declared before me at \_\_\_\_\_  
City/Town/Village

in the Province of British Columbia, on \_\_\_\_\_  
Month Day Year  
(e.g. APR)

\* Dates must match

X \_\_\_\_\_  
Signature of Service BC Representative, Lawyer, Articled Law Student, Notary Public, or Commissioner for Taking Affidavits  
(Note - Authorized individuals charge a fee for witnessing your signature.)

OFFICIAL  
STAMP/SEAL

### 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](http://www.gov.bc.ca/vitalstatistics)  
Apply for services in person at any Service BC Centre. Visit [www.servicebc.gov.bc.ca](http://www.servicebc.gov.bc.ca) for your nearest location.