This form is fillable. Click in APPLICANT DATE OF BIRTH field to begin.

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BRITISH COLUMBIA | Vital Statistics Agency

STATUTORY DECLARATION AND UNDERTAKING
Pertaining to a No-Contact Declaration as filed under the ADOPTION ACT

The information on this form is collected under the authority of the *Adoption Act* (1996, RSC5, Sec. 65 and 67). The information provided will be used to fulfill the requirements of the *Adoption Act* for withholding adoption information. The release of this information is in compliance with the *Adoption Act* and the *Freedom of Information and Protection of Privacy Act.* If you have any questions about the collection or use of this information, please contact a Vital Statistics representative at 250-952-9057, or write to the mailing address shown on the back of this form.

INFORMATION ABOUT THE PERSON APPLYING

APPLICANT'S DATE OF BIRTH (MONTH / DAY / YEAR)	APPLICANT BORN IN BRITISH COLUMBIA ☐ YES ☐ NO	SHADED AREA FOR OFFICE USE ONLY
		APPLICATION FOR SERVICE NUMBER
SURNAME	GIVEN NAME(S)	
MAILING ADDRESS		
CITY/PROV/STATE/COUNTRY	POSTAL CODE	
HOME PHONE NUMBER	WORK PHONE NUMBER	

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;
(Please Print Full Given Names 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.

Declared before me at _____
Location

in the province of British Columbia, this _____
Day

day of _____ , _____
Month *Year*

_____
Signature of Declarant

_____
Signature of Lawyer, Articled Law Student, Notary Public or Commissioner for Taking Affidavits

Note: *Legislation allows those who are specifically authorized to witness signatures to charge a fee for this service. You may wish to check with the office in advance to determine this fee.*

CONTACT US

Mailing Address: Vital Statistics Agency, PO Box 9657 Stn Prov Govt, Victoria BC V8W 9P3
Telephone: 250 952-9057
Web: www.gov.bc.ca/vitalstatistics

Apply for services in person at any Service BC Centre. Visit www.servicebc.gov.bc.ca for your nearest location.