



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.

INFORMATION ABOUT THE PERSON APPLYING

Form with fields for Applicant's Date of Birth, Applicant Born in British Columbia?, Surname, Given Name(s), Mailing Address, City, Province/State, Country, Postal/Zip Code, Home Phone, and Work Phone. Includes a shaded area for office use only.

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.

Declared before me at _____ Location
in the province of British Columbia, this _____ Day
day of _____, _____ Year
X _____ Signature of Declarant
X _____ *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 (Victoria & Outside B.C.) 1 888 876-1633 (within B.C.)
Web: https://www2.gov.bc.ca/gov/content/life-events

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