

If you have any questions, please contact:
ServiceOntario
Toll-free: 1 800 461-2156 or
Toronto: 416 325-8305

(THIS SPACE RESERVED FOR OFFICE USE ONLY)

BRI _____

CID _____



Important:

Please read through the instructions thoroughly **before** completing this form. Please **print clearly in blue or black ink.**


PART A: Applicant Information

Applicant Name

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	Current Legal Surname (Last Name)	First Name
	Middle Name(s)	Maiden Name or Other Surname(s) <i>(if applicable)</i>
Sex	Date of Birth <i>(Day, Month, Year)</i>	
<input type="checkbox"/> Male <input type="checkbox"/> Female		

Mailing Address



Street No.	Street Name	Apt. No.	Buzzer No.	PO Box
City/Town		Province/State	Country	Postal/Zip Code
 Daytime Telephone Number Ext.	Can a message be left for you at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No		Alternate Telephone Number Ext.	
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Additional Information About the Applicant

Please identify if you are *(check only one box)*

- An adopted person 18 years of age or older
- A birth sibling of an adopted person, and you are 18 years of age or older
- One of the following birth relatives:
 - Birth Mother
 - Birth Father
 - Maternal grandmother
 - Maternal grandfather
 - Paternal grandmother
 - Paternal grandfather

Birth Relative List

Please indicate the birth relative(s) with whom you want to be matched in order to exchange contact information. *(You may check more than one box)* This section applies to adopted persons only.

- Birth Sibling
- Birth Mother
- Birth Father
- Maternal grandmother
- Maternal grandfather
- Paternal grandmother
- Paternal grandfather

Part B: Contact Information



Important:

The information you provide in this section will be entered on the Adoption Disclosure Register and will be given to the adopted person or the adopted person's birth parent, birth sibling, or birth grandparent in the event that a Register match is confirmed.

Please indicate how you wish to be contacted by the adopted person or the birth parent, birth sibling or birth grandparent in the event a Register match is confirmed, by checking the boxes below and filling out those sections that apply to you. (You may check more than one box)

Mail 

Street No.	Street Name	Apt. No.	Buzzer No.	PO Box
City/Town		Province/State	Country	Postal/Zip Code

Telephone 

Fax 

Telephone Number ()	Ext.
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Fax Number ()

E-mail

E-mail Address

PART C: Information About the Adopted Person *AFTER* Adoption

Adoptive Surname (Last Name) of Adopted Person		First Name		Middle Name(s)
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (Day, Month, Year)		Date of Adoption (if known)
Has the person named above had a legal name change after adoption? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" provide details below				
Current Legal Surname (Last Name)		First Name		Middle Name(s)
Place of Birth of Adopted Person City/Town		Province/State		Country
Legal Surname (Last Name) of Adoptive Parent "A" (at time of adoption)				
First Name		Middle Name(s)		Any Other Legal Surnames (Last Name)
Legal Surname (Last Name) of Adoptive Parent "B" (at time of adoption)				
First Name		Middle Name(s)		Any Other Legal Surnames (Last Name)

PART D: Information About the Adopted Person *PRIOR* to Adoption

Surname (Last Name) of Adopted Person (<i>at time of birth</i>)		
First Name	Middle Name(s)	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (<i>Day, Month, Year</i>)	Birth Registration Number (<i>if known</i>)
Place of Birth of Adopted Person		
City/Town	Province/State	Country
Legal Surname (Last Name) of Birth Mother (<i>at time of birth</i>)		
First Name	Middle Name(s)	Any Other Legal Surnames (Last Name)
Date of Birth (<i>Day, Month, Year</i>)	Birth Mother's Age (<i>at time of this birth</i>)	
Place of Birth		
City/Town	Province/State	Country
Legal Surname (Last Name) of Birth Father (<i>at time of birth</i>)		
First Name	Middle Name(s)	Any Other Legal Surnames (Last Name)
Date of Birth (<i>Day, Month, Year</i>)	Birth Father's Age (<i>at time of this birth</i>)	
Place of Birth		
City/Town	Province/State	Country

PART E: Signed Statement by the Applicant

I hereby provide my consent to be named on the Adoption Disclosure Register under section 7 of O.Reg. 464/07 made under the *Child and Family Services Act*, and certify that the information I have provided on this application form is true and correct to the best of my knowledge and belief.

(Signature of Applicant)

(Date of Signature)

Mail your completed application to:

Custodian of Adoption Information
 PO Box 654
 77 Wellesley Street West
 Toronto ON M7A 1N3

The information provided on this form is collected and will be used to determine whether your name may be added to the Adoption Disclosure Register and whether your name can be matched to that of an adopted person, birth parent, birth sibling or birth grandparent by the purpose of disclosure by the MCSS Custodian of Adoption Information under section 9 of O.Reg. 464/07 made under the *Child and Family Services Act*. If you have any questions about the collection of information please contact: Director, ServiceOntario Call Centre, Contact Centre Service Branch, 5775 Yonge St., Toronto ON M3M 3E6 or call 1 800 461-2156 / 416 325-8305.