

Application for Adult Children of
Deceased Adult Adoptees or Adult
Children of Deceased Birth Parents



Department of Social Development

POST ADOPTION DISCLOSURE SERVICES

The information collected on this form is collected under the authority of the *Family Services Act* and will be used to fulfil the requirements of this Act for the release of information relating to adoptions.

Questions: call 1-844-851-0999 (toll-free in Canada and the U.S.)
Email: postadoptionsservices@gnb.ca

<p>To submit your form Mail: Post Adoption Disclosure Services Department of Social Development P.O. Box 6000, Fredericton, N.B. Canada E3B 5H1</p>	<p><i>Office Use Only</i></p> <p>Date Received:</p>
--	---

Provide a clear copy of two pieces of current government-issued ID with your application (i.e. Driver's licence) and **proof of death of the adoptee or birth parent**. Your photocopied identification must be verified and signed by a witness (see page 3 for guidelines). If the copy is not clear, the application will be returned to you.

PART 1:

<p>Your relationship is to the: <input type="checkbox"/> Adoptee <input type="checkbox"/> Birth parent</p>			
First name	Middle name(s)	Current surname	
Previous names (if applicable)			
Date of birth Year /Month /Day		Was the applicant born in New Brunswick? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Birth registration number (from birth certificate)			
Mailing address: Apartment number/Street number and name			
City/Town	Province/State	Country	Postal/Zip code
Home telephone number Country code () ()	Work telephone number Country code () ()	Cell telephone number Country code () ()	
Email address			

PART 2:

Birth Information – Complete all known information		
Adoptee's birth name	Adoptee's date of birth Year /Month /Day	Adoptee's place of birth
	Birth registration number (from birth certificate)	
Birth mother's full name		Birth father's full name
Adoptive parent's full name		Adoptive parent's full name
Adoptive mother's maiden name:		

Declaration

I understand and acknowledge the following:

- I am identifying myself as the adult child of a deceased adoptee or birth parent.
- The Statement of Original Registration of Birth cannot be released until after the adoptee has turned 19.
- If a disclosure veto exists against the release of an individual's identifying information, that information will not be released until one year after their death.
 - If a veto is not filed and you are the adult child of a deceased birth parent or adoptee, their information may be released to you.

Signature

Date

Signature of witness

Date

If your information changes, contact Post Adoption Disclosure Services to update your file.

<p>ID that is included: <input type="checkbox"/> Driver's licence <input type="checkbox"/> Passport <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other * Remember to have a witness verify your photocopied identification documents</p>

Information about the Witness

PLEASE NOTE: FAILURE TO HAVE A WITNESS VERIFY YOUR PHOTOCOPIED IDENTIFICATION DOCUMENTS WILL MEAN THAT YOUR FORM CAN NOT BE PROCESSED.

In order for your form to be processed it must be accompanied by a photocopy of TWO valid pieces of government-issued identification, one of which must be photo identification. Your photocopied identification must be verified and signed by a *witness*. An acceptable witness is a Commissioner of Oaths, a Notary Public or a designated professional.

- A Notary Public can usually be found in a law office.
- A Commissioner of Oaths may be found in the offices of:
 - Real estate agents or general insurance agents
 - Professional accountants
 - Rural post offices
 - Municipal offices
 - Police officers

Note: An appointment may be required and there may be a fee for this service.

- For the purposes of witnessing your signature on Part 1 and for verifying the photocopy of your identification documents, a designated professional is considered to be one of the following:
 - Dentist/Medical doctor/Chiropractor/Optomtrist/Psychologist
 - Lawyer
 - Minister of religion
 - Pharmacist
 - Principal or teacher at a primary or secondary school
 - Judge/Magistrate/Police officer/RCMP officer
 - Justice of the Peace
 - Postmaster
 - Professional accountant who has a designation
 - Signing officer or manager at a bank, credit union, trust company, or other financial institution
 - Senior administrator, teacher, professor at a community college or university
 - Veterinarian
 - Social worker
 - Chief of First Nations band
 - Funeral director
 - Nurse practitioner/Registered nurse
 - Member of Parliament
 - Member of the Provincial Legislature
 - Municipal official
 - Official of a federal government department or provincial government department, or one of its agencies
 - Official of an embassy or consulate
 - Professional engineer

*****IMPORTANT:** Your witness must sign and date the photocopy of your identification. **Your witness must also provide contact information**, including her or his occupation or designation, place of employment, address and a **daytime telephone number** where she or he can be reached. A Commissioner of Oaths must provide a commission expiry date.