

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>
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Provide a clear copy of two pieces of current government-issued ID with your application (i.e. Driver's licence). Your photocopied identification must be verified and signed by a witness (see page 4 for guidelines). If the copy is not clear, the application will be returned to you.

PART 1:

Section A. Applicant Information			
First name	Middle name(s)	Current surname	
Previous names (if applicable)			
Date of birth Year /Month /Day		I am the: <input type="checkbox"/> Adoptee <input type="checkbox"/> Birth mother <input type="checkbox"/> Birth father	
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 and Adoption Information			
If you are the birth parent , please fill out the sections below:		If you are the adoptee , please fill out the sections below:	
Child's full name at birth, if known:		Adoptee's full name:	
Child's date of birth Year/Month/Day	Child's place of birth	Adoptee's date of birth Year/Month/Day	Adoptee's place of birth
Birth mother's full name at time of child's birth, if known:		Adoptive parent's full name	Date of birth Year/Month/Day
		Adoptive mother's maiden name, if known:	
Birth father's full name at time of child's birth, if known:		Adoptive parent's full name (if applicable)	Date of birth Year/Month/Day
Birthplace of birth mother or birth father	Date of adoption or approximate year	Birth Registration Number (from birth certificate)	Date of adoption or approximate year
Birth Registration Number (from birth certificate)			

Declaration

I understand and acknowledge the following:

- 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 identifying information, that information will be removed from the Statement of Original Registration of Birth.
- If a contact preference has been filed, the fully-identifying Statement of Original Registration of Birth may be released to me, but I must first agree to follow the terms of the contact preference by signing an agreement with Post Adoption Disclosure Services.
- Names or other identifying information of the adoptive parent(s) will not be provided to me.

Signature

Date

Signature of witness

Date

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

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
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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 (2) 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.