Application for Statement of Original Registration of Birth by the Adult Child of a Deceased Adoptee

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 fulfill 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: postadoptionservices@gnb.ca

<table>
<thead>
<tr>
<th>To submit your form</th>
<th>Office Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mail: Post Adoption Disclosure Services</td>
<td>Date Received:</td>
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<tr>
<td>Department of Social Development</td>
<td></td>
</tr>
<tr>
<td>P.O. Box 6000, Fredericton, N.B. Canada</td>
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<tr>
<td>E3B 5H1</td>
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Applicant Identification and Proof of Death Requirements

If you (the applicant) were born in New Brunswick, please provide a clear copy of your birth certificate and one piece of current government-issued photo identification with your application.

If you (the applicant) were born outside of New Brunswick, please provide a clear copy of your long form birth certificate, which must include the name(s) of your parent(s), and one piece of current government-issued photo identification with your application.

Your photocopied identification must be verified and signed by a witness (see page four for guidelines). If the copy is not clear, the application will be returned to you.

Proof of Death: For deaths occurring in New Brunswick, a funeral home certificate of death or a death certificate is required. For deaths occurring outside of New Brunswick, a death certificate is required.
### PART 1: Applicant Information

<table>
<thead>
<tr>
<th>First name</th>
<th>Middle name(s)</th>
<th>Current surname</th>
</tr>
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<tbody>
<tr>
<td></td>
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</table>

Maiden names (if applicable)

<table>
<thead>
<tr>
<th>Date of birth</th>
<th>Was the applicant born in New Brunswick?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year /Month /Day</td>
<td>Yes □ No □</td>
</tr>
</tbody>
</table>

Birth registration number (from birth certificate)

If not, a long form birth certificate including the name(s) of the parent(s) and place of birth must be provided.

Mailing address: Apartment number/Street number and name

<table>
<thead>
<tr>
<th>City/Town</th>
<th>Province/State</th>
<th>Country</th>
<th>Postal/Zip code</th>
</tr>
</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>Home telephone number</th>
<th>Work telephone number</th>
<th>Cell telephone number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country code ( )</td>
<td>Country code ( )</td>
<td>Country code ( )</td>
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<td>( )</td>
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</table>

Email address

### PART 2: Adoptee’s Birth Information – Complete all known information

<table>
<thead>
<tr>
<th>Adoptee’s birth name</th>
<th>Adoptee’s date of birth Year /Month /Day</th>
<th>Adoptee’s place of birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Birth registration number (from birth certificate)</td>
<td></td>
</tr>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Adoptive mother’s full name</th>
<th>Adoptive mother’s date of birth Year/Month/Day</th>
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<tbody>
<tr>
<td></td>
<td>Adoptive mother’s maiden name, if applicable:</td>
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</table>

<table>
<thead>
<tr>
<th>Adoptive father’s full name</th>
<th>Adoptive father’s date of birth Year/Month/Day</th>
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</table>
Declaration

I understand and acknowledge the following:

- I am identifying myself as the adult child of a deceased adoptee.

- 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 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.

ID that is included:  ☐ Birth certificate  ☐ Driver’s Licence  ☐ Passport  ☐ Other
* Remember to have a witness verify your photocopied identification documents
**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.

For your form to be processed it must be accompanied by a photocopy of two valid pieces of government-issued identification: a birth certificate and one piece of current government-issued 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/Optometrist/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.