POST ADOPTION DISCLOSURE SERVICES

If you are the adult child of a deceased birth parent who placed a child for adoption, and are seeking information on your adopted sibling, please use this form.

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: postadoptionservices@gnb.ca

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**To submit your form**
Mail: Post Adoption Disclosure Services
Department of Social Development
P.O. Box 6000, Fredericton, N.B. Canada
E3B 5H1

**Office Use Only**
Date Received:

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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>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Previous 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</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>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</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>
</tr>
<tr>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
</tbody>
</table>

Email address

### PART 2:

**Birth Parent's Information – Complete all known information**

<table>
<thead>
<tr>
<th>Birth parent’s birth name</th>
<th>Birth parent’s date of birth Year /Month /Day</th>
<th>Birth parent’s place of birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Birth registration number (from birth certificate)

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

<table>
<thead>
<tr>
<th>Birth parent’s father’s full name</th>
<th>Birth parent’s father’s date of birth Year/Month/Day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>
PART 3:

Information on adopted child (applicant’s sibling) – Complete all known information

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

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

<table>
<thead>
<tr>
<th>Adoptee’s father’s full name</th>
<th>Adoptee’s father’s date of birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Year /Month /Day</td>
</tr>
</tbody>
</table>

Declaration

I understand and acknowledge the following:

- I am identifying myself as the adult child of a deceased birth parent who had placed a child for adoption.
- 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 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.