

These guidelines are intended to provide information to support individuals interested in accessing birth records related to an adoption. The guidelines provide specific information on eligibility, the disclosure veto and contact preference, and the application process.

Questions Call: 1-844-851-0999 (toll-free in Canada and the U.S.) Email: postadoptionsservices@gnb.ca	To submit your form Mail: Post Adoption Disclosure Services Department of Social Development P.O. Box 6000, Fredericton, N.B. Canada
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Eligibility

The option of filing an application for service is available to:

- an adoptee who is 18 years old or older and
- birth parent(s)

New Brunswick's legislation provides for access to different documents depending on which party you are to the adoption. As of April 1, 2018:

- If you are the **birth parent**, you may apply for access to copies of the statement of original registration of birth and the adoption order. Before any adoption information is released to a birth parent all identifying information related to adoptive parent(s) will be deleted to protect their privacy rights.
- If you are the **adoptee, born and adopted in New Brunswick**, you may use this form to apply for access to copies of the statement of original registration of birth and the adoption order.

Filing a disclosure veto or contact preference

Disclosure veto

A disclosure veto can only be filed on New Brunswick adoptions granted before April 1, 2018.

- An adopted person eighteen years old or over and birth parent(s) may file a **disclosure veto** which will prevent the release of their identifying information to the person who requests it.
- An adoptee must be nineteen (19) years of age or over to receive the requested documents.
- Where a written statement has been filed along with the disclosure veto, the statement will be forwarded to the other applicant.

A disclosure veto may be modified or canceled at any time by the person who filed it, or it expires one year after their death.

- If no disclosure veto exists or it expires, the statement of original registration of birth will be given to the person who requests it.
- If you are a **birth parent** and are filing a disclosure veto for more than one child, you must complete a separate form for each child.

- If you are an **adoptee** and are filing a veto for both of your birth parents, you must complete a separate form for each one.

Contact preference

Contact preferences apply regardless of when the adoption was finalized. If the adoption was finalized before April 1, 2018, the parties have the option of filing a disclosure veto or a contact preference - you cannot file both.

A contact preference does not prevent the New Brunswick Post Adoption Disclosure Services from releasing identifying information on the statement of original registration of birth about you. It does however place limits on the type of contact from the other person.

- Adopted person(s) eighteen years old or over and birth parent(s) may file a **contact preference** which informs the New Brunswick Post Adoption Disclosure Services of the type of contact, if any, that you wish to have with the person you have named on the form.
 - An **undertaking form related to contact preference** is required to be completed by the person named on the form indicating that she/he agrees to comply with the terms of the contact preference. If she/he does not sign the undertaking form, identifying information will be removed from the documents provided.

A contact preference can be canceled or modified at any time by the person who filed it, or it expires upon their death. You can cancel or modify a contact preference at any time by filing an application to register/cancel a disclosure veto and/or cancel/modify contact preference & written statement form (Section D: contract preference)

- If you are a **birth parent** and are filing a contact preference for more than one child, you must complete a separate form for each child.
- If you are an **adoptee** and are filing a contact preference for both of your birth parents, you must complete a separate form for each parent.

Any contact information contained in your statement may be used to contact you in case of a severe medical illness of a member of your birth family.

Completing the application to register/cancel a disclosure veto and/or cancel/change contact preference & written statement form

- Please read these instructions before filling out the form.
- Please fill out the form to the best of your ability. Leave blank any sections that are not applicable or are unknown to you.
- **Please print clearly in ink.**
- If you have questions or need help filling out the form please contact New Brunswick Post Adoption Disclosure Services at 1-844-851-0999 (toll-free in Canada and the U.S.)
- If after submitting this form you change your name, telephone number(s), or if you move, notify the New Brunswick Post Adoption Disclosure Services.
- **Your witness must also sign and date in the appropriate areas.** For information about who can act as a witness refer to the *Information about the Witness* section.

Government-issued identification

- The **application to register/ cancel a disclosure veto and/or register/change contact preference & written statement form must include TWO (2)** photocopied pieces of valid, government-issued identification (one of which is photo identification) attached to the form to be processed. Examples include, driver's licence, passport and secure certificate of Indian Status card. If you would like to verify what types of identification will be accepted you can contact New Brunswick Post Adoption Disclosure Services at 1-844-851-0999 (toll-free in Canada and the U.S.)
- The two (2) photocopies must be signed and dated by a Commissioner of Oaths, or a designated professional. The witness must see the original identification and verify that the photocopy matches the original documents (for further information about who can witness please see *Information about the Witness* section).
- Your identification may not be accepted if it is not current. If you have recently moved or changed your name, your identification may need to be updated before you can apply for access to records. If you live in another province/country please provide appropriate identification from your place of residence.
- Indicate in the section at the end of the form below the signatures, which of TWO (2) pieces of valid, government-issued identification (one of which is photo identification) you have photocopied and attached to your form.

PART 2: Collection of Information

Section A - Applicant information:

- Provide your full first name, middle name(s) and last name.
- If your name has changed due to marriage, divorce, or other reasons please provide your previous name(s).
- Indicate your complete date of birth.
- Indicate if you are the birth parent, adoptee, or adoptive parent.
- Provide your complete **current** address, detailing: city/town, province/state, country, and postal code/zip code.
- Indicate your **current** home, work, and cell telephone number(s), and your email address (es).

Section B – Birth and adoption information:

- Fill out this section to the best of your ability, providing information if you know it. There may be some spaces you leave blank.
- The birth parent will fill out the section under the heading “If you are the **birth parent**, please fill out the section below.” Indicate the name of the child at birth, and the child's date of birth, if known. If you are unsure of the exact date of birth, include the year if known. Indicate the location/community where the birth took place, if known. Indicate the names of the birth mother and the birth father at the time the child who was adopted was born, if known.
- The adoptee will fill out the section under the heading “If you are the **adoptee**, please fill out the sections below.” Indicate your full name and your date of birth. Indicate the location/community where your birth took place, if known. Indicate the full names of your adoptive parent(s).

Section C - Service Requested

- A disclosure veto prevents the release of your information and this option is only available for adoptions finalized prior to April 1, 2018.
- Under the contact preference you may indicate what type of contact you prefer such as:
 - No contact
 - By telephone
 - By email
 - Letters/information (provide your current name and a mailing address)
 - In person (provide details of how you would like to meet)

Part 3: Optional Written Statement

- You may provide non-identifying information with your disclosure veto or contact preference
- This is optional and is not a requirement of filing this disclosure veto or contact preference form. There are three (3) sections provided to share information regarding reasons for not wanting your identifying information to be disclosed, any other non-identifying personal, family history or social information as well as any medical history to be included with written statement.
- Do not include any information in this statement that you do not want disclosed.
- When your disclosure veto and contact preference are in effect, the person applying for a copy of a record is informed that a disclosure veto has been filed and the New Brunswick Post Adoption Disclosure Services will provide the person this written statement that was filed with the disclosure veto.

Checklist

Have you completed the following?

- Printed FULL NAME clearly in the form, with no initials or omissions, and indicated any previous names in the spaces provided.
- Had a Commissioner of Oaths, or a designated professional act as my witness of the form by signing, dating, and providing her or his designation (for further information about who can witness please see *Information about the Witness* section).
- Provided a PHOTOCOPY of TWO (2) pieces of valid, government-issued identification, one of which is photo identification, **which has been certified as a true copy of the original, signed and dated by my witness**
- Witness has provided her or his CONTACT INFORMATION on the PHOTOCOPY of my identification, including her or his occupation or designation, place of employment, address and a daytime telephone number where she or he can be reached.
- Signed and dated the form

Please Note: There are **no fees** attached to this service

Information about the Witness

PLEASE NOTE: FAILURE TO HAVE A WITNESS VERIFY YOUR PHOTOCOPIED IDENTIFICATION DOCUMENTS WILL MEAN THAT YOUR FORM WILL 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, signed and dated by a *witness*. An acceptable witness is a Commissioner of Oaths or a designated professional.

- A Commissioner of Oaths may be found in the offices of:
 - Lawyers
 - 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/Optometrlist/Psychologist
- 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.**