



*Because children depend on all of us*

## **Application Form for Non-Identifying Adoption Information**

### **Part A: Applicant Information**

Surname (last name)	First Name
Middle Name(s)	Maiden Name (if applicable)
Date of Birth (dd/mm/yyyy)	Other Surname(s) (if applicable)

### **Mailing Address and Contact Information**

Street No.	Street Name	Apt No.	P.O. Box		
City/Town	Province/State	Country	Postal Code/Zip		
Daytime Telephone Number	Ext.	May we leave a message for you at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No	Alternate Telephone Number	Ext.	May we leave a message for you at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email address					

### **Additional Information About the Applicant**

<b>Please identify if you are (check only one box)</b>
<input type="checkbox"/> An adopted person 18 years of age or older
<input type="checkbox"/> An adopted person under 18 years of age with consent of your adoptive parent
<input type="checkbox"/> An adoptive parent
A birth parent of an adopted person (please check the appropriate box below)
<input type="checkbox"/> Birth Mother
<input type="checkbox"/> Birth Father
A birth grandparent (please check the appropriate box below)
<input type="checkbox"/> Maternal grandmother
<input type="checkbox"/> Maternal grandfather
<input type="checkbox"/> Paternal grandmother
<input type="checkbox"/> Paternal grandfather
<input type="checkbox"/> A birth sibling of an adopted person and you are 18 years of age or older
<input type="checkbox"/> A child of a deceased adopted person and you are 18 years of age or older (proof of death is required)
<input type="checkbox"/> A sibling of a birth parent and you are 18 years of age or older

**What is the purpose of your request? (optional)**

**Part B: Information About the Adopted Person AFTER Adoption**

**Please fill out as much information as possible**

Adoptive Surname (last name) of Adopted Person		
First Name	Middle Name(s)	
Date of Birth (dd/mm/yyyy)	Date of Adoption (if known)	
Has the person named above had a legal name change after adoption? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If "Yes" provide details:		
Current Legal Surname (last name)	First Name	Middle Name(s)
Place of Birth of Adopted Person City/Town	Province/State	Country
Legal Surname (last name) of Adoptive Parent "A" (at time of adoption)		
First Name	Middle Name(s)	Any Other Legal Surnames (last name)
Legal Surname (last name) of Adoptive Parent "B" (at time of adoption)		
First Name	Middle Name(s)	Any Other Legal Surnames (last name)

**Part C: Information About the Adopted Person PRIOR to Adoption**

**Please fill out as much information as possible**

Surname (last name) of Adopted Person (at time of birth)		
First Name	Middle Name(s)	
Date of Birth (dd/mm/yyyy)		
Place of Birth of Adopted Person City/Town	Province/State	Country

**Part D: Information About the Birth Parents**

Please fill out as much information as possible

Legal Surname (last name) of <b>Birth Mother</b> (at time of adopted person's birth)		
First Name	Middle Name(s)	Any Other Legal Surnames (last name)
Date of Birth (dd/mm/yyyy)	Birth Mother's Age (at time of this birth)	
Place of Birth of Birth Mother City/Town	Province/State	Country
Legal Surname (last name) of <b>Birth Father</b> (at time of adopted person's birth)		
First Name	Middle Name(s)	Any Other Legal Surnames (last name)
Date of Birth (dd/mm/yyyy)	Birth Father's Age (at time of this birth)	
Place of Birth of Birth Father City/Town	Province/State	Country

**Part E: If you are an adopted person under 18 years of age, this section must be signed by your adoptive parent who has lawful custody.**

I, \_\_\_\_\_ hereby confirm that:

(Name of Adoptive Parent)

1) I am the adoptive parent of \_\_\_\_\_  
(Name of Adoptive Person)

2) I have lawful custody of \_\_\_\_\_  
(Name of Adoptive Person)

3) I provide my consent for his/her application for non-identifying information under section 11 of O. Reg. 464/07 made under the *Child and Family Services Act*.

\_\_\_\_\_  
(Signature of Adoptive Parent)

\_\_\_\_\_  
(Phone #)

\_\_\_\_\_  
(Date of Signature)

**Part F: Signed Statement by the Applicant**

I hereby certify that the information I have provided on this application form is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date of Signature)

**DOCUMENTS TO BE SUBMITTED WITH THIS APPLICATION:**

**PROOF OF IDENTITY** –

Please provide copies of two different pieces of identification, one which contains an address matching the mailing address listed in this application form, and one which shows your signature. Examples of accepted identification are your provincial driver’s license, health card, passport or certificate of aboriginal status. Please ensure that you copy both sides of each piece of identification.

**PROOF OF RELATIONSHIP** –

**To the applicant:**

If you are not the adopted person, an adoptive parent or one of the birth parents but belong to one of the other categories listed in Part A above, you will be required to provide proof of your relationship to the adopted person. The following is a list of documents that may contain information which can be used to demonstrate proof of your relationship to the adopted person (for some categories of applicant, a combination of documents listed below might best demonstrate proof of relationship):

- Birth certificate (long form)
- Statement of Live Birth
- Medical records containing genealogical information
- School records containing genealogical information or family ties
- Church records containing genealogical information or family ties (e.g., Baptismal or marriage certificates)
- Sworn court documents containing genealogical information or family ties
- Obituary or death notice (mandatory when requesting information on a deceased adopted person)
- Documentation of change-of-name status

Please mail your completed application form and copies of the requested documents to:

Children’s Aid Society of Toronto  
Disclosure Services  
30 Isabella Street, 5<sup>th</sup> Floor  
Toronto, ON  
M4Y 1N1

If you have any questions, please call 416-924-4640 ext. 2590 or e-mail [your\\_roots@torontocas.ca](mailto:your_roots@torontocas.ca) .