



30 Isabella St., 5<sup>th</sup> Floor  
Toronto, ON M4Y 1N1  
416-924-4640 ext. 2590

**REQUEST FOR INFORMATION  
- CROWN WARD DISCLOSURE -  
PLEASE PRINT**

PRESENT NAME:

\_\_\_\_\_  
*Surname* *First* *Middle*

ADDRESS:

\_\_\_\_\_  
*Street* *Apt. #*

\_\_\_\_\_  
*City* *Province* *Postal Code*

TELEPHONE:

\_\_\_\_\_  
*Home* *Business* *Cell*

EMAIL:

\_\_\_\_\_

INFORMATION  
REQUESTED:

\_\_\_\_\_

\_\_\_\_\_

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NAME WHILE  
IN CARE:

\_\_\_\_\_  
*Surname* *First* *Middle*

DATE OF BIRTH:

\_\_\_\_\_

MOTHER'S NAME:  
(if known)

\_\_\_\_\_

FATHER'S NAME:  
(if known)

\_\_\_\_\_

***Please sign below and attach photocopies of two pieces of identification (both sides), at least one of which shows your signature and at least one of which confirms your current mailing address.***

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*