



Because children depend on all of us

Application Form for Non-Identifying Adoption Information

Part A: Applicant Information

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	Surname (last name)	First Name
	Middle Name(s)	Maiden Name (if applicable)
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (dd/mm/yyyy)	Other Surname(s) (if applicable)

Mailing Address

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.
Email address			

Additional Information About the Applicant

Please identify if you are (check only one box)
<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)
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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)
<input type="checkbox"/> Male <input type="checkbox"/> Female	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)
<input type="checkbox"/> Male <input type="checkbox"/> Female	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 Birth Mother (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 Birth Father (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 signed identification, one of which should contain an address matching the mailing address listed in this application form and one of which should be photo identification. Examples of accepted identification are your provincial driver’s license, health card, passport or certificate of aboriginal status.

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:

Inquiry Coordinator
Children’s Aid Society of Toronto
Adoption Disclosure Department
4211 Yonge Street, 4th Floor
Toronto, ON
M2P 2A9

If you have any questions, please call 416-924-4640 ext. 3595 or e-mail your_roots@torontocas.ca .