



Request for Non-Identifying Adoption Information

*Please print. Sections marked with an asterisk * must be completed in order for the request to be processed.*

Part A: Requester Information* (information about the person making the request)

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

Additional Information about the Requester*

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?

For adopted adults only: If your record indicates that you had involvement with another CAS, would you like us to forward your request to them? Yes No

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 above had a legal name change after adoption? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, please 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 Surname(s)
Legal Surname (last name) of Adoptive Parent "B" (at time of adoption)		
First Name	Middle Name(s)	Any Other Legal Surname(s)

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 Birth Mother (at time of adopted person's birth)		
First Name	Middle Name(s)	Any Other Legal Surname(s)
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 Surname(s)
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:
(Print name of Adoptive Parent)

1) I am the adoptive parent of _____
(Print name of Adopted Person)

2) I have lawful custody of _____
(Print name of Adopted 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 Requester*

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. By submitting this form, I consent to the collection by the Children’s Aid Society of Toronto of the personal information I have provided, and for its use for the purpose of managing and responding to my request.

(Signature of Requester)

(Date of Signature)

DOCUMENTS TO SUBMIT 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 requester:

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 requester, 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 choose the format in which you would like to receive your information

- PDF that you may download from our online portal
- PDF on a USB memory stick (sent by mail)
- Paper copy (sent by mail or by courier depending on the weight of the package)

Please send your completed application form, copies of identification, and proof of relationship (if applicable) to:

Children’s Aid Society of Toronto, 30 Isabella St., Toronto, ON M4Y 1N1

Alternatively, you may scan/photograph the documents and email them to **disclosure_inquiries@torontocas.ca**.

If you have any questions, please call **416-924-4640 ext. 2597** or e-mail **YourRoots@TorontoCAS.ca**.