

**NO-CONTACT DECLARATION
AND STATEMENT**

**Pertaining to an Adopted Person or Birth Parent
Please Read Page 2 of this Form**

The information on this form is collected under the authority of the *Adoption Act*. The information provided will be used to fulfill the requirements of the *Adoption Act* for the release of adoption information. The release of this information is in compliance with the *Adoption Act*.

INFORMATION ABOUT THE PERSON APPLYING (Please Print)

APPLICANT'S DATE OF BIRTH MONTH DAY YEAR			APPLICANT BORN IN NEWFOUNDLAND AND LABRADOR <input type="checkbox"/> YES <input type="checkbox"/> NO		SHADED AREA FOR OFFICE USE ONLY APPLICATION FOR SERVICE NUMBER														
SURNAME															GIVEN NAMES				
MAILING ADDRESS																			
CITY/PROVINCE/STATE/COUNTRY															POSTAL CODE				
HOME PHONE NUMBER ()															WORK PHONE NUMBER ()				
COPY OF BIRTH CERTIFICATE ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, please explain)																			

I am AN ADOPTED PERSON (18 years or older) COMPLETE SECTION A A BIRTH PARENT COMPLETE SECTION B

SECTION A: To be completed by adopted person - as applicant (PLEASE PRINT)

NAME ON BIRTH CERTIFICATE AFTER ADOPTION SURNAME GIVEN NAMES			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		DATE OF BIRTH MONTH DAY YEAR			
BIRTHPLACE (CITY/PROVINCE/STATE/COUNTRY)				PLACE OF ADOPTION (CITY/PROVINCE/STATE/COUNTRY)				
MAIDEN SURNAME OF ADOPTED MOTHER			GIVEN NAMES			BIRTHPLACE OF ADOPTIVE MOTHER (CITY/PROVINCE/STATE/COUNTRY)		
SURNAME OF ADOPTED FATHER			GIVEN NAMES			BIRTHPLACE OF ADOPTIVE FATHER (CITY/PROVINCE/STATE/COUNTRY)		
BIRTH NAME (IF KNOWN)			GIVEN NAMES			BIRTH REGISTRATION NUMBER (FROM BIRTH CERTIFICATE)		

SECTION B: To be completed by birth parent - as applicant (PLEASE PRINT)

PARTICULARS OF BIRTH PARENTS (AT TIME OF ADOPTED PERSON'S BIRTH)

MAIDEN NAME OF MOTHER				GIVEN NAMES				SURNAME OF FATHER				GIVEN NAMES			
DATE OF BIRTH		BIRTHPLACE (CITY/PROVINCE/STATE/COUNTRY)		DATE OF BIRTH		BIRTHPLACE (CITY/PROVINCE/STATE/COUNTRY)		DATE OF BIRTH		BIRTHPLACE (CITY/PROVINCE/STATE/COUNTRY)		DATE OF BIRTH		BIRTHPLACE (CITY/PROVINCE/STATE/COUNTRY)	

PARTICULARS OF ADOPTED PERSON PRIOR TO ADOPTION

SURNAME			GIVEN NAMES			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		DATE OF BIRTH			BIRTHPLACE (CITY/PROVINCE/STATE/COUNTRY)		
NAME OF ADOPTED PERSON FOLLOWING ADOPTION (IF KNOWN)													

VS-007/05-06-28

SIGNATURE OF APPLICANT: X _____
 WRITTEN SIGNATURE OF APPLICANT (DO NOT PRINT)

DISCLOSURE VETO AND STATEMENT

Pertaining to an Adopted Person or Birth Parent

Disclosure Veto and Statement (*Adoption Act*)

- Under the *Adoption Act*, the following persons may apply to the Registrar of Vital Statistics to file a written veto prohibiting the disclosure of a birth registration or other record:
 - ◆ an adopted person who is 18 years of age or over and was adopted under the former Act;
 - ◆ a birth parent named on the original birth registration of an adopted person whose adoption was finalized under the former Act.
- When a person files a disclosure veto with the Registrar of Vital Statistics, he/she must supply any proof of identity required by the Registrar and the Registrar of Vital Statistics must file the disclosure veto.
- A person who files a disclosure veto may file with it a written statement that includes any information he/she wishes to disclose.
- When a person applying for a copy of a record is informed that a disclosure veto has been filed, the Registrar of Vital Statistics must give the person any written statement that was filed with the disclosure veto.
- A person who files a disclosure veto may cancel the veto at any time by notifying, in writing, the registrar of Vital Statistics.
- Unless cancelled, a disclosure veto continues in effect until one year after the death of the person who filed the veto.
- While a disclosure veto is in effect, the Registrar of Vital Statistics must not disclose any information that is in a record that relates to the person who filed the veto.

Making a false statement:

Under the *Adoption Act*, a person must not make a statement that the person knows to be false or misleading in an application, or in connection with an application, for a copy of a birth registration or other record from Vital Statistics, or for filing a disclosure veto or no-contact declaration.

Under the *Adoption Act*, a person who makes a false statement commits an offence and is liable on conviction to a maximum fine of up to \$10,000 and/or a term of imprisonment.

Having read and understood the above section of the Act,

I, _____ do solemnly declare that I wish to register a
(PLEASE PRINT FULL GIVEN NAMES AND SURNAME)

Disclosure Veto prohibiting the disclosure of a birth registration or other record under Section 50 of the *Adoption Act*.

SIGNATURE OF DECLARANT

DATE

