

Adoption Information Disclosure Application to Register or Withdraw a No Contact Notice

Please mail your completed form to the
Office of the Registrar General
PO Box 9000
Thunder Bay ON P7B 0A5
If you have any questions, please call
Within North America: 1 800 461-2156
In Toronto or Internationally: 416 325-8305

(THIS SPACE RESERVED FOR OFFICE USE ONLY)

Important

Please read through the instructions thoroughly **before** completing this form.
Please **print clearly in blue or black ink**.

Applicant's Name:

Current Legal Surname (Last Name)	First and Middle Names
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Mailing Address at which correspondence from this office regarding this application can be mailed to you:

Street No.	Street Name	Apt. No.	Buzzer No.	PO Box
City/Town		Province/State		
Country	Postal/Zip Code	* Telephone Number	Ext.	

* A telephone number may be used by this office to contact you regarding this application. If you do not wish to be contacted by telephone, do not include a telephone number.

Service Requested: Check only one box

Register a *No Contact Notice* Withdraw a *No Contact Notice*

Date of any previously submitted *No Contact Notice* (if known) _____

Additional Information Included with this No Contact Notice: Check all boxes that apply

Reasons for No Contact Notice Medical History Family History

Please Identify if you are

The Adopted Person and you are _____ years old (you must be at least 18 years old to apply) **or**
(current age)

A Mother named on the original birth registration* **or**

A Father/other parent named on the original birth registration*

*See instructions for adoptive parents who are eligible.

Note: Complete the section below only if you are the adopted person.

Who should this No Contact Notice or Withdrawal apply to? Check only one box

A mother named on the original birth registration **or** A father/other parent, if named on the original birth registration

Information About Adopted Person **AFTER** Adoption

Legal Surname (Last Name) of Adopted Person			First Name			Middle Name(s)				
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth Year Month Day			Birth registration number (if known)			Date of adoption (if known) Year Month Day		
Has the person named above ever had a legal name change? If "Yes" provide details below. <input type="checkbox"/> Yes <input type="checkbox"/> No										
Previous Legal Surname (Last Names)			First Name			Middle Name(s)				
Place of Birth of Adopted Person			Province/State			City/Town				
Country										
Legal Surname (Last Name) of Adoptive Mother or Father			First Name			Middle Name(s)				
Any other Legal Surnames (Last Names)			Date of Birth Year Month Day			Adoptive Mother's or Father's age (at time of this birth)				
Place of Birth of Adoptive Mother or Father			Province/State			City/Town				
Country										
Legal Surname (Last Name) of Adoptive Father or Mother			First Name			Middle Name(s)				
Any other Legal Surnames (Last Names)			Date of Birth Year Month Day			Adoptive Father's or Mother's age (at time of this birth)				
Place of Birth of Adoptive Father or Mother			Province/State			City/Town				
Country										

Information About Adopted Person **BEFORE** the Adoption

Last Name			First Name			Middle Name(s)		
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth Year Month Day			Birth registration number (if known)			
Place of Birth of Adopted Person			Province/State			City/Town		
Country								
Legal Surname (Last Name) of Mother or Father			First Name			Middle Name(s)		
Any other Legal Surnames (Last Names)			Date of Birth Year Month Day			Mother's or Father's age (at time of this birth)		
Place of Birth of Mother or Father			Province/State			City/Town		
Country								
Legal Surname (Last Name) of Father or Mother			First Name			Middle Name(s)		
Any other Legal Surnames (Last Names)			Date of Birth Year Month Day			Father's or Mother's age (at time of this birth)		
Place of Birth of Father or Mother			Province/State			City/Town		
Country								

Register a No Contact Notice

(Subsection 48.4 (1) or (3) of the *Vital Statistics Act*)

(Do not complete this page if you only wish to Withdraw a No Contact Notice and do not wish to replace it with a new No Contact Notice. Please proceed to page 6.)

Date: _____

I am the person shown as _____ on the adoption order or original

(Print Name - See Instruction Guide)

birth registration and do not wish to be contacted by:

Check only one box

- The adopted person or
- A mother named on the original birth registration or
- A father/other parent, if named on the original birth registration

You may include with this **No Contact Notice** a brief statement that includes any or all of the following:

- your medical history;
- your family history;
- your reasons for not wanting to be contacted.

No other information should be provided on the statement.

When the **No Contact Notice** is in effect and a person who is entitled applies for Post Adoption Birth Information, if the person agrees, in writing, not to contact you, he or she will be given a copy of this statement, if completed, in addition to the **Notice** (please refer to instructions).

IMPORTANT INFORMATION for the recipient of this NOTICE:

The person named above has filed a **No Contact Notice**. This is a copy of the **Notice**. Pursuant to the *Vital Statistics Act*, you are prohibited from directly or indirectly contacting or attempting to contact this person. If you are convicted of violating this prohibition, you may be subject to a fine of up to \$50,000.

FOR OFFICE USE ONLY (DO NOT ENTER INFORMATION IN THIS SPACE)

Statement

(Subsection 48.4 (4) of the *Vital Statistics Act*)

This Statement is **OPTIONAL**.

The statement applies if you are registering a No Contact Notice. It does not apply if you are withdrawing a No Contact Notice.

IMPORTANT INFORMATION

- Do not include any information in this statement that you don't want disclosed.
- The **Notice** and any statement will not be provided to a person if you withdraw the **No Contact Notice** and the withdrawal is registered before disclosure happens.
- The **Notice** and any statement will not be provided to a person if you submit a new **No Contact Notice** and the new **Notice** is registered before disclosure happens. You can include a new statement with a new **No Contact Notice**.
- The **Notice** and any statement will not be provided to a person if you later submit a **Disclosure Veto** or a **Notice of Contact Preference** and it is registered before disclosure happens.
- The **Notice** and any statement including the "Notice to the recipient of the statement" that appears below the statement will be provided to the person it is intended for, if he or she applies for and is entitled to your Post Adoption Birth Information.
- Any statement of medical history included with the **Notice** may be provided to a person who is a member of your birth family in the case of a severe medical illness.

Please use only the space provided below to provide any *medical history*.

Notice to the recipient of this statement:

The statement above is provided by the person who registered a No Contact Notice pursuant to subsections 48.4 (1) or 48.4 (3) of the *Vital Statistics Act*. The Office of the Registrar General is providing this No Contact Notice and any statement to you as required by the *Vital Statistics Act* and the Office of the Registrar General assumes no liability for the truth or accuracy of the information provided in this statement.

Statement

(Subsection 48.4 (4) of the *Vital Statistics Act*)

Please use only the space provided below to provide any *family history*.

Please use only the space provided below to provide any *reasons for not wanting to be contacted*.

Notice to the recipient of this statement:

The statement above is provided by the person who registered a No Contact Notice pursuant to subsections 48.4 (1) or 48.4 (3) of the *Vital Statistics Act*. The Office of the Registrar General is providing this No Contact Notice and any statement to you as required by the *Vital Statistics Act* and the Office of the Registrar General assumes no liability for the truth or accuracy of the information provided in this statement.

Withdraw a No Contact Notice
(Subsection 48.4 (8) of the *Vital Statistics Act*)

(Do not complete this page if you are Registering a No Contact Notice. Please proceed to page 7.)

Date: _____

I am the person shown as _____ on the adoption order or original
(Print Name - See Instruction Guide)

birth registration and withdraw the registered No Contact Notice that is in effect and applies to:

Check only one box

- The adopted person **or**
- A mother named on the original birth registration **or**
- A father/other parent named on the original birth registration

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Application to Register or Withdraw a No Contact Notice

As the applicant, you must sign and date this page in order for the application to be processed.

Making a false statement

On conviction, a person who willfully makes a false statement in this application is liable to a fine of not more than \$50,000 or to imprisonment for a term of not more than two years less a day or both.

Signed Statement by the Applicant

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

I am aware that it is an offence to wilfully make a false statement on this form.

Signature of Applicant

Date of Signature

The information provided on this form is collected and may be used to determine your entitlement to and provide the service requested, search for and provide copies of the registered Statement or Withdrawal, and for adoption disclosure, severe medical searches, statistical and research purposes, in accordance with the *Vital Statistics Act*, R.S.O. 1990, c. V.4 and for law enforcement purposes.

You may direct enquires regarding collection of this information to: Supervisor, ServiceOntario Call Centre, Contact Centre Service Branch, 5775 Yonge Street, Toronto ON M3M 3E6 or call 1 800 461-2156 in North America or 416 325-8305 in Toronto and Internationally.

IMPORTANT INFORMATION

Please read prior to submitting your application.

- When a **No Contact Notice** you file is registered, it replaces any No Contact Notice, Disclosure Veto or Notice of Contact Preference intended for the same person, that you previously filed and is currently in effect.
- When a **No Contact Notice Withdrawal** you file is registered, it causes the No Contact Notice intended for the same person, which you previously filed and is currently in effect, to no longer be in effect.
- For more information refer to the “**Guide for Completing and Submitting an Application to Register or Withdraw a No Contact Notice under the *Vital Statistics Act*”**.