

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 Name)			First Name			Middle Name(s)			
Place of Birth of Adopted Person Country			Province/State			City/Town			
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 Country			Province/State			City/Town			
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 Country			Province/State			City/Town			

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 Country			Province/State			City/Town		
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 Country			Province/State			City/Town		
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 Country			Province/State			City/Town		

Register a Notice of Contact Preference
(Subsection 48.3 (1) or (2) of the *Vital Statistics Act*)

(Do not complete this page if you only wish to Withdraw a Notice of Contact Preference and do not wish to replace it with a new Notice of Contact Preference. Please proceed to page 5.)

Date: _____

I am the person shown as _____ on the adoption order or original
(Print Name – See instruction Guide))
birth registration and 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 must include with this **Notice of Contact Preference** a brief statement about how you would like to be contacted.

For example:

- telephone - provide a telephone number or numbers
- e-mail - provide an e-mail address
- letters/information - provide your current name and a mailing address
- meet in person – provide details of how you would like to meet
- intermediary or third party – provide details

Only information stating how you would like to be contacted should be provided on the statement.

When the **Notice of Contact Preference** is in effect and a person who is entitled applies for Post Adoption Birth Information, the person will be given a copy of this statement, if it is completed, in addition to the **Notice** (please refer to instructions).

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

Statement

This Statement is MANDATORY.

The statement applies if you are registering a Notice of Contact Preference. It does not apply if you are withdrawing a Notice of Contact Preference.

IMPORTANT INFORMATION:

- Only information stating how you would like to be contacted should be provided in this statement.
- 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 **Notice of Contact Preference** 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 **Notice of Contact Preference** and the new **Notice** is registered before disclosure happens. You must include a new statement with a new **Notice of Contact Preference**.
- The **Notice** and any statement will not be provided to a person if you later submit a **Disclosure Veto** or a **No Contact Notice** 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 contact information contained in your statement may be used to contact you in the case of a severe medical illness of a member of your birth family.

Please use only the space provided below to provide your *contact information and preference(s)*.

Notice to the recipient of this statement:

The statement above is provided by the person who registered a Notice of Contact Preference pursuant to subsections 48.3 (1) and 48.3 (2) of the *Vital Statistics Act*. The Office of the Registrar General is providing this Notice of Contact Preference 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 Notice of Contract Preference

(Subsection 48.3(6) of the *Vital Statistics Act*)

(Do not complete this page if you are Registering a Notice of Contract Preference. 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 withdraw the registered Notice of Contract Preference 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 Notice of Contact Preference

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 (Above)

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 **Notice of Contact Preference** you file is registered, it replaces any Notice of Contact Preference, Disclosure Veto or No Contact Notice intended for the same person, that you previously filed and is currently in effect.
- When a **Notice of Contact Preference Withdrawal** you file is registered, it causes the Notice of Contact Preference 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 Notice of Contact Preference under the *Vital Statistics Act***".