

Director's Registration of Placement of Child for Adoption

 Under Subsection 183 (8) of the *Child and Family Services Act*

I,

Last Name	First Name	Middle Initial
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Director, hereby register the placement of the following child and make the following statements in respect thereof:

1. The name of the child is (Full name as on statement of live birth)

Last Name	First Name	Middle Initial
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2. The child was born at

City/town	Day	Month	Year
	on the	day of	

3. The name of the person who resides at

Last Name	First Name	Middle Initial
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who resides at

Unit No.	Street No.	Street Name	PO Box
City/Town	Province	Postal Code	

4. The name of the person who resides at

Last Name	First Name	Middle Initial
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who resides at

Unit No.	Street No.	Street Name	PO Box
City/Town	Province	Postal Code	

Date (yyyy/mm/dd)

5. I have become aware that, on or about _____, the child was placed with

(Full given names and surnames of person(s) with whom child was placed)

Last Name	First Name	Middle Initial
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Last Name	First Name	Middle Initial
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who resides at

Unit No.	Street No.	Street Name	PO Box
City/Town	Province	Postal Code	

 and who is (are) single / spouses within the meaning of the *Human Rights Code*

If related to the child, what is the relationship?

6. This placement was not made by a society or a licensee and was never registered. As I understand it, the circumstances of this placement were:

7. 8]X'ñ Y'dUFYbhibUa YX']b'dUFU[fUd\ ' 'UVcj Y'WtbgYbhitc 'ñ Y'd'UWfa YbhiUbX'UXcdHjcb3 Yes No

If yes, signed on _____ Day _____ day of _____ Month _____ Year _____

8. 8]X'ñ Y'dUFYbhibUa YX']b'dUFU[fUd\ ('UVcj Y'WtbgYbhitc 'ñ Y'd'UWfa YbhiUbX'UXcdHjcb3 Yes No

If yes, signed on _____ Day _____ day of _____ Month _____ Year _____

9. Is any other individual(s) required, under the Act, to give consent? Yes No if yes,

Last Name	First Name	Middle Initial
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Describe relationship _____

Consent signed Yes No

If yes, signed on _____ Day _____ day of _____ Month _____ Year _____

(If more than one individual, please add information on reverse side)

10. Name and addresses of person(s), institution(s) or society(ies) that cared for child before placement.

I certify that the above statements are true and correct.

Dated at _____, this _____ Day _____ day of _____ Month _____ Year _____

Signature of Witness	Signature of Registrant
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