

## Registration of Placement of a Child for Adoption

 Subsection 11(1) of the *Child and Family Services Act*
**To: Director, Ministry of Children, Community and Social Services**

I/We

Name of society or licensee

have placed a child with the person(s) named herein on the understanding that such person(s) will adopt the child.

I/We hereby register the placement of the child with you and make the following statements in respect thereof:

**1. My address/the address of the agency is**

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

**2. The name of the child is** (Full name as on statement of Live Birth)

Last Name	First Name	Middle Initial
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**3. The child was born at**

City/town	Day	Month	Year
	on the	day of	

**4. The following person is a parent of the child:**

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

**5. The following person is a parent of the child:**

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

**6. I  am /or  am not related to the child. If related, what is the relationship?**

Day	Month	Year
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**7. I placed the child on the**

with (full given names and surnames of applicant(s))

Last Name	First Name	Middle Initial
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Last Name	First Name	Middle Initial
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who reside 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?

8. Did the parent referred to in paragraph 4 above consent to the placement and adoption?  Yes  No

If yes, signed on \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ day of \_\_\_\_\_

9. Did the parent referred to in paragraph 5 above consent to the placement and adoption?  Yes  No

If yes, signed on \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ day of \_\_\_\_\_

10. 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 \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ day of \_\_\_\_\_

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

Date (yyyy/mm/dd)

11. If the child is a child in extended society care, what is the date of order that placed the child in extended society care? \_\_\_\_\_

12. 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 \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ day of \_\_\_\_\_

Signature of Witness	Signature of Registrant
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