



APPLICATION TO CANCEL A DISCLOSURE VETO  
OR NO CONTACT DECLARATION  
Pertaining to an Adopted Person or Birth Parent  
Please Read Information on Reverse 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 & 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/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 ☐ COMPLETE SECTION A  
(18 years or older) 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/PROV/STATE/COUNTRY)		PLACE OF ADOPTION (CITY/PROV/STATE/COUNTRY)	
SURNAME OF ADOPTED MOTHER GIVEN NAMES		BIRTHPLACE OF ADOPTIVE MOTHER (CITY/PROV/STATE/COUNTRY)	
SURNAME OF ADOPTED FATHER GIVEN NAMES		BIRTHPLACE OF ADOPTIVE FATHER (CITY/PROV/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)			
MADEN SURNAME OF BIRTH MOTHER GIVEN NAMES		SURNAME OF FATHER GIVEN NAMES	
DATE OF BIRTH Month Day Year		DATE OF BIRTH Month Day Year	
BIRTHPLACE: CITY/PROV/STATE/ COUNTRY		BIRTHPLACE: CITY/PROV/STATE/COUNTRY	
PARTICULARS OF ADOPTED PERSON PRIOR TO ADOPTION			
SURNAME GIVEN NAMES		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH Month Day Year
		BIRTHPLACE: CITY/PROV/STATE/COUNTRY	
NAME OF ADOPTED PERSON FOLLOWING ADOPTION (IF KNOWN)			

SIGNATURE OF APPLICANT X \_\_\_\_\_  
WRITTEN SIGNATURE OF APPLICANT (DO NOT PRINT)

## Cancel a Disclosure Veto or No-Contact Declaration (Adoption Act)

- Under the Adoption Act, a person who files a disclosure veto or no-contact declaration may cancel the declaration or veto at any time by notifying, in writing, the Registrar of Vital Statistics and providing any proof of identity that the Registrar may require.

### 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 cancel my:

(Please Print Full Given Names and Surname)

☐

#### **DISCLOSURE VETO**

under Section 50 of the Adoption Act and do hereby permit the disclosure of birth and adoption records maintained by the Newfoundland and Labrador Vital Statistics Division.

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#### **NO-CONTACT DECLARATION**

under Section 51 of the Adoption Act and do hereby permit the disclosure of birth and adoption records maintained by the Newfoundland and Labrador Vital Statistics Division.

\_\_\_\_\_  
Signature of Declarant

\_\_\_\_\_  
Date

### To avoid delay

- Complete the appropriate sections in **full**. (If information required on the form is unknown to you, please provide a written explanation. If any portion of the relevant information is left blank, the application will be returned to you for completion.)
- Attach a photocopy of your legal birth certificate (**a baptismal certificate is not acceptable**).
- Be sure your address and telephone number are correct and clear.

### MAILING ADDRESS:

Confidential Services  
Vital Statistics Division  
Service NL  
P. O. Box 8700, Motor Registration Building  
Mount Pearl, NL A1B 4J6  
Telephone # (709) 729-3308  
Fax # (709) 729-0946  
Website: [www.gs.gov.nl.ca/vs](http://www.gs.gov.nl.ca/vs)