



**NO-CONTACT DECLARATION
AND STATEMENT**
Pertaining to an Adopted Person or Birth Parent
Please Read Page 2 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 AND 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/STATE/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**
(18 years or older)
COMPLETE SECTION A

☐ **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/PROVINCE/STATE/COUNTRY)	PLACE OF ADOPTION (CITY/PROVINCE/STATE/COUNTRY)	
MAIDEN SURNAME OF ADOPTED MOTHER GIVEN NAMES	BIRTHPLACE OF ADOPTIVE MOTHER (CITY/PROVINCE/STATE/COUNTRY)	
SURNAME OF ADOPTED FATHER GIVEN NAMES	BIRTHPLACE OF ADOPTIVE FATHER (CITY/PROVINCE/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)

MAIDEN NAME OF MOTHER GIVEN NAMES	SURNAME OF FATHER GIVEN NAMES
DATE OF BIRTH MONTH DAY YEAR BIRTHPLACE (CITY/PROVINCE/STATE/COUNTRY)	DATE OF BIRTH MONTH DAY YEAR BIRTHPLACE (CITY/PROVINCE/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/PROVINCE/STATE/COUNTRY)
NAME OF ADOPTED PERSON FOLLOWING ADOPTION (IF KNOWN)		

VS-007/05-01-21

SIGNATURE OF APPLICANT: X _____
WRITTEN SIGNATURE OF APPLICANT (DO NOT PRINT)

DISCLOSURE VETO AND STATEMENT

Pertaining to an Adopted Person or Birth Parent

Disclosure Veto and Statement (*Adoption Act*)

- Under the *Adoption Act*, the following persons may apply to the Registrar of Vital Statistics to file a written veto prohibiting the disclosure of a birth registration or other record:
 - ◆ an adopted person who is 18 years of age or over and was adopted under the former Act;
 - ◆ a birth parent named on the original birth registration of an adopted person whose adoption was finalized under the former Act.
- When a person files a disclosure veto with the Registrar of Vital Statistics, he/she must supply any proof of identity required by the Registrar and the Registrar of Vital Statistics must file the disclosure veto.
- A person who files a disclosure veto may file with it a written statement that includes any information he/she wishes to disclose.
- When a person applying for a copy of a record is informed that a disclosure veto has been filed, the Registrar of Vital Statistics must give the person any written statement that was filed with the disclosure veto.
- A person who files a disclosure veto may cancel the veto at any time by notifying, in writing, the registrar of Vital Statistics.
- Unless cancelled, a disclosure veto continues in effect until one year after the death of the person who filed the veto.
- While a disclosure veto is in effect, the Registrar of Vital Statistics must not disclose any information that is in a record that relates to the person who filed the veto.

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 register a
(PLEASE PRINT FULL GIVEN NAMES AND SURNAME)

Disclosure Veto prohibiting the disclosure of a birth registration or other record under Section 50 of the *Adoption Act*.

SIGNATURE OF DECLARANT

DATE

