



**STATUTORY DECLARATION
AND UNDERTAKING**
**Pertaining to a No-Contact Declaration
as filed under the ADOPTION ACT**

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 ()											

VS-007_2014-04

Making a false statement:

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 the Vital Statistics Division, or for filing a disclosure veto or no-contact declaration.

A person who contravenes this section of the Act commits an offence and is liable on conviction to a fine up to \$10,000 and/or a term of imprisonment.

I, _____ do solemnly declare that:
(PLEASE PRINT FULL GIVEN NAMES AND SURNAME)

I will not:

- 1) knowingly contact or attempt to contact the person who filed the declaration;
- 2) procure another person to contact the person who filed the declaration;
- 3) use information obtained under this Act to intimidate or harass the person who filed the declaration; or
- 4) procure another person to intimidate or harass, by the use of information obtained under this Act, the person who filed the declaration.

I further understand that, should I fail to observe this Statutory Declaration and Undertaking under the *Adoption Act*, I have committed an offence, and am liable on conviction to a fine of up to \$10,000 and/or a term of imprisonment.

I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

Declared before me

at _____

in the _____ of _____

this _____ day of _____, _____.

Signature of Declarant

Commissioner of Oaths
Justice of the Peace
Notary Public (if completed outside Newfoundland & Labrador)

NOTE: Your signature may be witnessed at no extra charge at the Vital Statistics Division or Government Service Centres/Departmental Office in Newfoundland and Labrador.