

Registration form

This registration form is to obtain, for the adoptee, his identity of origin as well as his parents of origin. For the parent of origin, this registration form is to obtain the surname and given names of the child following the adoption, once he has attained 18 years of age.

A. Information concerning the person who is completing the registration form

Surname _____

Given name _____

Date of birth (year / month / day) _____

Female Male

Health insurance number (optional) _____

Social insurance number (optional) _____

Current address (civic no, street, apartment, town, province, postal code)

Phone number (residence) _____

Phone number (cellular) _____

Phone number (work) _____

Email _____

Add surname and given name of the your mother, as shown on your current birth certificate (as to validate your identity) _____

Status

I am doing the request as a:

- adoptee
- person adoptable but not adopted
- parent of origin
- sibling of origin of an adoptee

B. Request

Complete the section according to your status. If you are:

- An adoptee or a person adoptable but not adopted, complete section 1;
- A parent of origin, complete section 2;
- A sibling of origin of an adoptee, complete section 3;

Section 1 – Request from an adoptee or a person adoptable but not adopted

IMPORTANT

If you are under 14 years old, you have to join to the request an authorisation signed by your adoptive parents or tutor

Object of the request:

For each of the following options, answer by checking yes or no

	YES	NO
1. I wish to obtain my birth surname and given name.	<input type="checkbox"/>	<input type="checkbox"/>
2. I wish to obtain the surname and given name of my mother of origin.	<input type="checkbox"/>	<input type="checkbox"/>
3. I wish to obtain the surname and given name of my father of origin.	<input type="checkbox"/>	<input type="checkbox"/>
4. I wish to obtain the surname and given names of my sibling of origin if he/she asked to obtain my identity.	<input type="checkbox"/>	<input type="checkbox"/>
5. I wish to obtain information allowing me to establish contact with my sibling of origin (reunion) if he/she asked to establish contact with me.	<input type="checkbox"/>	<input type="checkbox"/>

Information requested

For each of the following elements, be as precise as possible

Your birth name and given name (if known):

Your place of birth (hospital, orphanage, private maternity home, town, area, etc.):

Name and given name of your adoptive parents:

Place of residence of your adoptive parents at the moment of your adoption:

Information concerning the person(s) you are looking for (if known)

	Mother of origin	Father of origin
Name at birth		
Given name at birth		
Date of birth		
Place of birth		
Residence at the time of birth		

Section 2: Request from a parent of origin

Information concerning the child entrusted for adoption

For each of the following elements, be as precise as possible

Birth surname and given name of the child entrusted for adoption (if known):

Date of birth of the child entrusted for adoption (year / month / day): _____

Female Male

Pseudonym or name used by the mother at the time of the birth of the child (if applicable):

Place of birth (hospital, orphanage, private maternity home, town, area, etc.):

Section 3: Request of a sibling of an adoptee

Important

Indicate your relation with the person you are looking for:

maternal paternal

Object of the request:

For each of the following sentences, answer by checking yes or no

	YES	NO
I wish to obtain the surname and given names of my sibling of origin if he/she asks to obtain my identity.	<input type="checkbox"/>	<input type="checkbox"/>
I wish to obtain information allowing me to establish contact with my sibling of origin (reunions) if he/she asks to establish contact with me	<input type="checkbox"/>	<input type="checkbox"/>

Information concerning the person(s) you are looking for

For each of the following elements, be as precise possible

Surname and given name at birth (if known): _____

Date of birth (year / month / day): _____

Place of birth (hospital, orphanage, private maternity, town, area, etc.):

Personal information concerning the parents of origin of the person you are looking for (if known):

<u>Parents of origin of the sibling (if known):</u>	Mother of origin	Father of origin	Sibling of origin
Name at birth			
Given name at birth			
Date of birth			
Place of birth			
Residence at the time of birth			
Alive or deceased*			

* Join a proof of death if possible

C: Signature and identity documents

In witness whereof, I signed at _____
(place)

on this _____ day of _____ 20_____.

Signature : _____

PROOF OF IDENTITY

If you are a parent of origin, an adoptee, an adoptive parent or a sibling of origin, join with the registration, a copy of **two (2)** official *proof of identity documents, one which includes your signature and a picture.

If you are an adopter under 14 years old of age, join with the registration:

- the authorisation of your adoptive parents
- a copy of **two (2)** official *proof of identity documents, one which includes your signature and a picture

*Official proof of identity documents accepted are health insurance card, driver's licence, passport, card of Canadian citizenship

You can also join with the registration a copy of any documents you think that could be useful in the treatment of your request.

RETURN OF THE FORM

The completed document must be sent by mail to the following address:

Équipe centralisée Info Adoption
575 Adoncour,
Longueuil, Qc
J4G 2M6