



REQUEST FOR NON-IDENTIFYING INFORMATION

Name: _____
First Middle Last

Date of Birth: _____
dd / mm / yyyy

Address: _____
Street Address

City Province / State / Region

Postal Code / ZIP Country

Daytime Phone: _____

Can a message be left for you at this number? Yes No

Email: _____

Please Note: Security of email communication cannot be guaranteed. If you do not wish to communicate by email, please print this form and mail to the address provided.

Applicant must meet one of the following criteria to be eligible (please check the one that applies to you):

- An adopted person aged 18 years or older
- An adopted person under 18 years of age, with adoptive parents written consent
- A birth parent
- An adoptive parent
- A birth grandparent
- A child of a deceased adopted person, and you are aged 18 or older
- A sibling of a birth parent, and you are aged 18 or older
- An adopted person aged 18 or older, applying to receive information about an adopted birth sibling
- A birth sibling aged 18 or older, applying to receive information about an adopted birth sibling

Have you requested/received any non-identifying information from the Society in the past?

YES NO

If yes, specify when (approximately): _____

Have you updated your file for the purpose of disclosure? YES NO

Please complete the applicable sections to the best of your knowledge, as it pertains to the adopted person:

Adoptee's Full Birth Name/DOB (dd/mm/yyyy): _____

Adoptee's Full Adoptive Name/DOB (dd/mm/yyyy): _____

Birth Mother's Full Name/DOB (dd/mm/yyyy): _____

Birth Father's Full Name/DOB (dd/mm/yyyy): _____

Adoptive Mother's Name/DOB (dd/mm/yyyy): _____

Adoptive Father's Name/DOB (dd/mm/yyyy): _____

Your Relationship to the Adoptee: _____

What information are you requesting?

Signature of Applicant

Date

Please return this completed application, along with a copy of your ID and signed Consent form to:

Family and Children's Services of St. Thomas and Elgin
Attn: Adoption Disclosure
99 Edward Street, St. Thomas, ON N5P 1Y8

Fax: 519-631-0596

Email: info@caseelgin.on.ca