



ADOPTION REGISTRY APPLICATION FOR INFORMATION

PERSONAL INFORMATION		
First Name	Middle Name	Last Name
Street/ PO Box No.		City/Town
Province/Territory	Postal Code	Maiden Name
Residence Telephone No.	Business Telephone No.	Date of Birth

I AM

1. an **Adopted Person** and I would like to find out about:

My birth mother My birth father My maternal adult birth brothers and sisters My paternal adult birth sisters and brothers

2. an **Adoptive parent/ guardian** OR:

a **Former Adoptive parent/guardian** and I would like to find out about my child's:

Birth Mother Birth Father Their maternal adult birth brothers and sisters Their paternal adult birth brothers and sisters

3. a **Birth Parent** and I would like to find out about:

The Child The Adoptive Family

The child's birth name was _____

The child's adoptive name is _____

4. a **Relative** of the child named _____ and I am a _____ and I would like information (insert relationship to the child, i.e.: grandparent, sibling, and so forth) about: _____

(describe the type of information you are seeking, include names, attach a separate piece of paper in needed)

ADOPTION INFORMATION				
Did the Adoption occur In the NWT? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Adoption (if known)	Year	Month	Day
Place of Birth				
Name of Adoptive Mother				
Name of Adoptive Father				
Were there birth sisters or brothers? Please give names and any details of siblings. Attach a separate sheet if you need more space.				

PLEASE FILL OUT IF YOU WANT SPECIFIC INFORMATION:

Please send me:

- | | |
|---|---|
| <input type="checkbox"/> A copy of the adoption order | <input type="checkbox"/> Family History Information |
| <input type="checkbox"/> Medical Information | <input type="checkbox"/> Other (describe) _____ |

<p>PLEASE COMPLETE IF YOU ARE WANTING TO MAKE CONTACT WITH A BIRTH PARENT / ADOPTED PERSON</p> <p><input type="checkbox"/> I wish to make contact <input type="checkbox"/> I do not wish to make contact</p>
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CONSENT

I certify that the information provided in this application is accurate to the best of my knowledge.

I give my consent to the Department of Health and Social Services to give my name and address to anyone that I want to contact.

Witness

Applicant

Date

Should you wish to withdraw the above consent a written request must be submitted to the address noted below: (mail application to):

**Registrar, Adoptions
Department of Health and Social Services
Government of the Northwest Territories
CS-6th Floor, PO Box 1320
Yellowknife, NT X1A 2L9**

(Attachment to schedule D)

ADOPTION REGISTRY INFORMATION

The Adoption Registry administered by the Department of Health and Social Services assists persons to find out information regarding their adoption. The Registry can also facilitate a reunion when two parties have consented to contact. There is no charge for the Registry's services.

HOW TO APPLY:

1. Fill out the attached application form.
2. Sign and date the application and have someone witness your signature.
3. Photocopy and enclose two pieces of identification (birth certificate, driver's license, etc...)
4. **Mail application to the address on the form.**

WHAT INFORMATION AM I ENTITLED TO?

Adult Adopted person:

- Non-identifying information about your birth family
- A copy of your adoption order

You may register for voluntary contact with your birth family members.

REUNIONS

The Registry may facilitate a reunion by sharing basic information with each party. If both parties agree to share identifying information, this will be done. Registry staff may suggest and provide counseling to the parties involved before and/or following a reunion.

In order to keep our records up to date, we request that you advise us of any changes (e.g. name, address, phone number). If you change your mind about a reunion, please provide the information to the Registry in writing.