



**BRITISH
COLUMBIA**

Ministry of Health

VITAL STATISTICS AGENCY

**DISCLOSURE VETO AND STATEMENT
Pertaining to an Adopted Person or Birth Parent**

Vital
Statistics

British Columbia
Vital Statistics Agency

Disclosure Veto and Statement (ADOPTION ACT)

- Under Section 65 of the *British Columbia Adoption Act*, either of the following may apply to the Chief Executive Officer of Vital Statistics to file a written veto prohibiting the disclosure of a birth registration or other related adoption records:
 - ▼ an adopted person who is 18 years of age or over and was adopted under **any predecessor** to this Act;
 - ▼ a birth parent named on the original birth registration of an adopted person referred to above.
- When an applicant applies to the CEO of Vital Statistics under this Part, they must supply any proof of identity required by that director, and, the CEO 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 of the following:
 - ▼ the reasons for wishing not to disclose any identifying information;
 - ▼ in the case of a birth parent, a brief summary of any available information about the medical and social history of the birth parents and their families; and
 - ▼ any other relevant non-identifying information.
- When a person applying for a copy of a record is informed that a disclosure veto has been filed, the CEO of Vital Statistics must give the person the non-identifying information that is in any written statement filed with the disclosure veto.
- A person who files a disclosure veto may cancel the veto at any time by notifying, in writing, the CEO of Vital Statistics.
- Unless cancelled, a disclosure veto continues in effect until 2 years after the death of the person who filed the veto.
- While a disclosure veto is in effect, the CEO 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 Section 86 of 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 the Vital Statistics Agency, 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 of up to \$5,000.

Having read and understood the above section of the *Act*,

I, _____ do solemnly declare that I wish to
(Please Print Full Given Names and Surname)

register a DISCLOSURE VETO prohibiting the disclosure of a birth registration or other record under Section 63 or 64 of the *Adoption Act*.

Signature of Declarant

Date

DISCLOSURE VETO AND STATEMENT
Pertaining to an Adopted Person or Birth Parent

PLEASE READ NOTES ON REVERSE OF THIS FORM

BRITISH COLUMBIA VITAL STATISTICS AGENCY

The information on this form is collected under the authority of the *Adoption Act* (1996, RSC5, Sec. 65 and 67). The information provided will be used to fulfill the requirements of the *Adoption Act* for withholding adoption information. The release of this information is in compliance with the *Adoption Act* and the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection or use of this information, please contact a Vital Statistics representative at 250-952-2681, or write to the mailing address shown on the back of this form.

INFORMATION ABOUT THE PERSON APPLYING

APPLICANT'S DATE OF BIRTH MONTH DAY YEAR			APPLICANT'S PERSONAL HEALTH NUMBER			APPLICANT BORN IN BRITISH COLUMBIA <input type="checkbox"/> YES <input type="checkbox"/> NO			SHADED AREA FOR OFFICE USE ONLY APPLICATION FOR SERVICE NUMBER					
SURNAME			GIVEN NAMES											
MAILING ADDRESS														
CITY/PROV/STATE/COUNTRY						POSTAL CODE								
HOME PHONE NUMBER				WORK PHONE NUMBER										

I AM: ADOPTED PERSON
(18 years or older)

COMPLETE SECTION A

BIRTH PARENT
(of adopted person
18 years or older)

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			DATE OF BIRTH MONTH DAY YEAR		
			<input type="checkbox"/> FEMALE					
BIRTHPLACE (CITY/PROV/STATE/COUNTRY)				PLACE OF ADOPTION (CITY/PROV/STATE/COUNTRY)				
SURNAME OF ADOPTIVE FATHER GIVEN NAMES			BIRTHPLACE OF ADOPTIVE FATHER (CITY/PROV/STATE/COUNTRY)					
MAIDEN SURNAME OF ADOPTIVE MOTHER GIVEN NAMES			BIRTHPLACE OF ADOPTIVE MOTHER (CITY/PROV/STATE/COUNTRY)					
BIRTH NAME (IF KNOWN)				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)										
SURNAME OF BIRTH FATHER GIVEN NAMES				MAIDEN SURNAME OF BIRTH MOTHER GIVEN NAME(S)						
DATE OF BIRTH MONTH DAY YEAR			BIRTHPLACE (CITY/PROV/STATE/COUNTRY)		DATE OF BIRTH MONTH DAY YEAR			BIRTHPLACE (CITY/PROV/STATE/COUNTRY)		
PARTICULARS OF ADOPTED PERSON PRIOR TO ADOPTION										
SURNAME GIVEN NAMES			<input type="checkbox"/> MALE			DATE OF BIRTH MONTH DAY YEAR			BIRTHPLACE (CITY/PROV/STATE/COUNTRY)	
			<input type="checkbox"/> FEMALE							
NAME OF ADOPTED PERSON FOLLOWING ADOPTION (IF KNOWN)										

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


PLEASE NOTE, THIS IS OPTIONAL AND IS NOT A REQUIREMENT OF FILING THIS DISCLOSURE VETO

Disclosure Veto and Statement (ADOPTION ACT)

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 - ▼ in the case of a birth parent, a brief summary of any available information about the medical and social history of the birth parents and their families; and
 - ▼ any other relevant non-identifying information.
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TO AVOID DELAY

- Complete the appropriate section **in full** (*All requests with incomplete information must be accompanied by a written explanation for the omission. If any portion of the relevant event information is left blank the application will be returned for completion.*)
- Be sure you are authorized to make the request
- Be sure your address and telephone number are correct and clear

MAILING ADDRESS	OTHER VITAL STATISTICS AGENCY OFFICES	
Vital Statistics Agency Confidential Services PO Box 9657 Stn Prov Govt Victoria, BC V8W 9P3 Telephone (Victoria): (250) 952-2681 Business Hours are: Monday to Friday 8:30 a.m. to 4:30 p.m. Web Site: http://www.vs.gov.bc.ca	Vital Statistics Agency 250 - 605 Robson Street Vancouver, BC V6B 5J3 Telephone: 604 660-2937 Vital Statistics Agency 433 Queensway Street Prince George, BC V2L 5M2 Telephone: 250 565-7105	Vital Statistics Agency 101 - 1475 Ellis Street Kelowna, BC V1Y 2A3 Telephone: 250 712-7562  <small>British Columbia Vital Statistics Agency</small>