



RESCIND A DISCLOSURE VETO OR NO-CONTACT DECLARATION
Pertaining to an Adopted Person or Birth Parent

PLEASE READ NOTES ON REVERSE OF THIS FORM

The information on this form is collected under the authority of the *Adoption Act* (1996 RSC5, Sec. 65 to 67). The information provided will be used to fulfill the requirements of the *Adoption Act* for the release of adoption information. 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. This information will be used and disclosed in accordance with the *Freedom of Information and Protection of Privacy Act*.

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 for
a Disclosure Veto)

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)

Rescind a Disclosure Veto or No-Contact Declaration (ADOPTION ACT)

- Under Sections 65 and 66 of the *Adoption Act*, a person who files a disclosure veto or no-contact declaration may cancel the declaration or veto at any time by notifying, in writing, the Chief Executive Officer of Vital Statistics.

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)

rescind my:

DISCLOSURE VETO
under Section 65 of the *Adoption Act* and do hereby permit the disclosure of birth and adoption records maintained by the British Columbia Vital Statistics Agency under Sections 63 or 64 of the *Adoption Act*.

NO-CONTACT DECLARATION
under Section 66 of the *Adoption Act* and do hereby permit the disclosure of birth and adoption records maintained by the Vital Statistics Agency under Sections 63 or 64 of the *Adoption Act*.

Signature of Declarant

Date

TO AVOID DELAY

- Complete the appropriate section in full and attach a photocopy of your birth certificate (*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
- The fee to rescind a Disclosure Veto or No-Contact Declaration is paid for by the Adoption Division of the Ministry for Children and Families

MAILING ADDRESS

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>

OTHER VITAL STATISTICS AGENCY OFFICES

Vital Statistics Agency
250 - 605 Robson Street
Vancouver, BC V6B 5J3
Telephone: 604 660-2937

Vital Statistics Agency
101 - 1475 Ellis Street
Kelowna, BC V1Y 2A3
Telephone: 250 712-7562

Vital Statistics Agency
433 Queensway
Prince George, BC V2L 5M2
Telephone: 250 565-7105