



**Ministry of Health  
Knowledge Management and Technology Division**

VITALSTATISTICSAGENCY

**STATUTORY DECLARATION AND UNDERTAKING  
Pertaining to a No-Contact Declaration as  
filed under the ADOPTION ACT**

The information on this form is collected under the authority of the *Adoption Act* (Bill 51, 1995, Sec. 66 and 67). The information provided will be used to fulfill the requirements of the *Adoption Act* for the release of 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 in Victoria, BC at 250 952-2681.

**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													

**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.**

I, \_\_\_\_\_, do solemnly declare that;  
(Please Print Full Given Names and Surname)

I will not:

- 1) knowingly contact or attempt to contact the person who filed the declaration;
- 2) procure another person to contact the person who filed the declaration;
- 3) use information obtained under this *Act* to intimidate or harass the person who filed the declaration; or
- 4) procure another person to intimidate or harass, by the use of information obtained under this *Act*, the person who filed the declaration.

**I further understand that should I fail to observe this Statutory Declaration and Undertaking, that, under Section 87 of the *Adoption Act*, I have committed an offence, and am liable on conviction to a fine of up to \$10,000 or to imprisonment for up to 6 months, or to both.**

I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

Declared before me at \_\_\_\_\_

\_\_\_\_\_  
Signature of Declarant

in the province of British Columbia, this \_\_\_\_\_

day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Signature of Lawyer, Notary Public or Commissioner for Taking Affidavits

**NOTE:** Legislation allows those who are specifically authorized to witness signatures to charge a fee for this service. You may wish to check with the office in advance to determine this fee.

**MAILING ADDRESS**

Vital Statistics Agency  
Confidential Services  
PO Box 9657 Stn Prov Govt  
Victoria, BC V8W 9P3

Telephone (Victoria): 250 952-2681  
Web Site: <http://www.vs.gov.bc.ca>

Business Hours are: Monday to Friday 8:30 a.m. to 4:30 p.m.  
You may also contact the Government Agent's office in your community.

**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: 250 868-7798

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

