

# REGISTRATION FORM FOR SOCIOBIOLOGICAL BACKGROUND, IDENTITY DISCLOSURES AND REUNION

*This registration form is to obtain sociobiological background information, identity disclosure and the information allowing contact with the person sought.*

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| --- | --- |
| **Status** I am doing the request as a: | |
|  | Adoptee |
|  | Adoptable person but not adopted |
|  | Parent of origin |
|  | Adoptive Parent of a child under the age of 14 |
|  | Sibling of origin (brother, sister) of an adoptee |

# Information on the identity of the person completing the form

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Surname (Maiden): |  | | | | | | |
| Given name: |  | | | | | | |
| Date of birth:(YYYY-MM-DD) |  | | | | | | |
| Sex : | Female | | Male | | | | Other |
| Health insurance number: | |  | | | | | |
| Current full address (address, street name, apartment, city, postal code, province, country): | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| Telephone at home : |  | | | At work : |  | | |
| Cellphone : |  | | | | | | |
| Can we leave a voice message?  : | | | yes | | | no | |
| Email : |  | | | | | | |
| Surname and given name of your mother, as shown on your current birth certificate:  (for the purpose of confirmation of your identity) | | | | | | | |
|  | | | | | | | |

# Application

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| **Complete the section according to your status.** If you are:   * An adoptee or a adoptable person but not adopted, complete section 1; * A parent of origin, complete section 2; * An adopter in regards of a child under the age of 14 years old, complete section 3; * A sibling of origin of an adoptee, complete section 4. |

# Section 1 – Application by an adoptee or an adoptable person but not adopted

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| **IMPORTANT**  **If you are under 14 years old, you must attach to the application the authorization of your adoptive parent(s) or your tutor (Annex 1)** |

|  |  |  |
| --- | --- | --- |
| **Object of the request**  For each of the following statements, answer yes or no by checking the appropriate box | | |
|  | YES | NO |
| I wish to obtain my surname(s) and given name(s) of origin. |  |  |
| I wish to obtain the surname(s) and given name(s) of my mother of origin. |  |  |
| I wish to obtain the surname(s) and given name(s) of my father of origin. |  |  |
| I wish to obtain my adoption history (sociobiological background). |  |  |
| I wish to obtain information allowing me to contact my mother of origin (reunion). |  |  |
| I wish to obtain information allowing me to contact my father of origin (reunion). |  |  |
| 1. I wish to obtain the surname(s) and given name(s) of my sibling(s) of origin if he or she requested the disclosure of information concerning my identity. |  |  |
| 1. I wish to obtain information allowing me to contact my sibling of origin (reunion) if he or she has requested to contact with me. |  |  |
| 1. I wish to do a verification to determine if my mother of origin is deceased.   Her identity has been disclosed to me for at least 12 months. |  |  |
| 1. I wish to do a verification to determine if my father of origin is deceased. His identity has been disclosed to me for at least 12 months. |  |  |

## Information to provide

For each item of information requested below, be as precise as possible.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Your surnames and given names at birth:(if known) | |  | | |
| Your place of birth: (eg.: name of hospital, nursery, birth center, orphanage, private maternity home, city, region, province, etc.) | | | | |
|  | | | | |
|  | | | | |
| Surnames and given names of your adoptive parent(s): | | | | |
| Parent : |  | | Date of birth: |  |
| Parent : |  | | Date of birth: |  |
| Place of residence of your adoptive parent(s) at the time of your adoption: | | | | |
|  | | | | |
| Have you received services form this establishment in the past (summary of sociobiological antecedents, statement under oath in reference of a death, reunions, etc.)? Please detail: | | | | |
|  | | | | |
|  | | | | |

# Personal information know on the person(s) sought (if known) :

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Mother of origin** | **Father of origin** | **Sibling of origin** |
| Surnames at birth |  |  |  |
| Given names at birth |  |  |  |
| Date of birth  (year-month-day) |  |  |  |
| Place of birth |  |  |  |
| Place of residence at birth |  |  |  |

# Section 2 – Application by a parent of origin

**Object of the request**

For each of the following statements, answer yes or no by checking the appropriate box.

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| 1. I wish to obtain the surname(s) and given name(s) given to my child after his or her legal adoption. |  |  |
| I wish to obtain a summary of the adopter’s antecedents (including information about the adoption history of my child). |  |  |
| I wish to obtain information allowing me to contact my child (reunions). |  |  |
| 1. I wish to do a verification to determine if my child of origin is deceased. His identity has been disclosed to me for at least 12 months. |  |  |

# Information concerning the child entrusted for adoption

# For each item of information requested below, be as precise as possible.

|  |  |  |
| --- | --- | --- |
| Surname given at birth: |  | |
| Given name at birth: |  | |
| Date of birth (YYYY-MM-DD) : |  | |
| Sex at birth: | Female | Male |
| Pseudonym or name of the biological mother used at the time of the birth of the child (if applicable): | | |
|  | | |
| Place of birth: (e.g. name of hospital, nursery, birth center, orphanage, private maternity home, city, region, province, etc.): | | |
|  | | |
| Establishment (CISSS, CIUSSS) responsible of the adoption (if known) : | | |
|  | | |

**Section 3 – Application by an Adoptive Parent of a child under the Age of 14**

**Object of the request**

|  |  |
| --- | --- |
| I, the undersigned, |  |
| wish to obtain the adoption history of my child (sociobiological background). | |

**Information concerning your child**

For each item of information requested below, be as precise as possible.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surnames and given names of your child after his or her adoption: | |  | | |
| Surname(s) and given name(s) of origin (if known): | | |  | |
| Date of birth of your child (YYYY-MM-DD) : | |  | | |
| Sex : | Female | | Male |  |
| Gender identity: | Female | | Male | Other |
| Place of his or her birth :(e.g. name of hospital, nursery, birth center, orphanage, private maternity home, city, region, province, etc.) | | | | |
|  | | | | |
|  | | | | |
| Your place of residence at the time of the adoption: | | |  | |

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## Section 4 – Application by a sibling of an adoptee

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| --- |
| **IMPORTANT**  **Indicate your relation with the person sought:**  Maternal  Paternal   * Please provide official documentation confirming your filiation to the parent of origin (eg birth certificate or certificate of death and obituaries). |

**Object of the request**

For each of the following statements, answer yes or no by checking the appropriate box.

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| 1. I wish to obtain the surnames and given names of my sibling of origin if he or she has requested disclosure of information concerning my identity |  |  |
| 1. I wish to obtain information allowing me to establish contact with my sibling of origin (reunions) if he or she has requested to contact with me |  |  |

**Information concerning the persons sought**

For each item of information requested below, be as precise as possible.

|  |  |  |
| --- | --- | --- |
| Surnames at birth (if known): |  | |
| Given names at birth (if known) : | |  |
| Date of birth of your child (YYYY-MM-DD) : |  | |
| Place of his or her birth :(e.g. name of hospital, nursery, birth center, orphanage, private maternity home, city, region, province, etc.) | | |
|  | | |
|  | | |

**Personal information concerning the parents of origin of the person sought (if known)** :

|  |  |  |
| --- | --- | --- |
|  | **Mother of origin** | **Father of origin** |
| Surname and given names at birth |  |  |
| Date of birth |  |  |
| Place of birth |  |  |
| Place of residence at the time of birth |  |  |
| Living of deceased person\* |  |  |

\* In the case of a deceased person, attach a proof of death if possible.

1. **Signature and pieces of identification**

**PIECES OF IDENTIFICATION**

If you are an adoptee, an adoptable person but not adopted, a parent of origin or an adoptive parent, attach to the form, a copy of **two (2)** official\* pieces of identification, at least one of which bears your photo and your signature.

If you are a sibling of origin, attach to the form, a copy of **two (2)** official \*pieces of identification, at least one of which bears your photo and your signature and an official documentation confirming your filiation to the parent of origin (e.g. birth certificate).

If you are an adoptee under 14 years old of age, attach to the form :

* the authorization of your adoptive parents or your tutor (Annex 1), accompanied by a copy of **two (2)** official\* pieces of identification, at least one of which bears a photo and his or her signature;
* a copy of **two (2)** official\* pieces of identification, at least one of which bears your photo and your signature (if available).

\* The official pieces of identification accepted are:

* the health insurance card;
* the driver’s license;
* the birth certificate;
* the passport ;
* the canadian citizenship card.

**You may also attach a copy of any documents you consider useful for the processing of your application.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| In witness whereof, I have signed in | | | |  | | | | , |
| On this |  | | day of the month of | |  | of the year |  | . |
| Signature | |  | | | | | |  |
| *Only a handwritten signature is accepted.* | | | | | | | |  |

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| **RETURN OF THE FORM**  The completed document must be sent by mail to the following address:  CISSS des Laurentides  Service Adoption  500, boul. des Laurentides, bureau 241 St-Jérôme (Québec) J7Z 4M2[Antecedents-retrouvailles.cissslau@ssss.gouv.qc.ca](mailto:Antecedents-retrouvailles.cissslau@ssss.gouv.qc.ca) |

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**ANNEX 1 – if applicable**

**Authorization for my child under the age of 14 years old**

to request his sociobiological antecedents and to have a reunion with his parent of origin

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I, the undersigned |  | | | and |
| *(Given name and surname parent 1)* |
| I, the undersigned |  | | | , |
| *(Given name and surname parent 2)* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Authorise our child | |  | | |
|  | | | *(Given name and surname)* |  |
| born on |  | | | |
|  | | | *(YYYY-MM-DD)* |  |

to request his sociobiological antecedents and to have a reunion with his parent of origin.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Whereof, we signed in | | | |  | | | | | | , |
| On this | |  | day of the month of | |  | | | of the year |  | . |
|  |  | | | | |  |  | | |  |
|  | Signature of the parent 1 | | | | |  | Signature of the parent 2 | | |  |