

2. Application by an adopted person

IMPORTANT – If you are under 14 years of age, you must attach to the application the authorization of at least one adoptive parent or your tutor.

Object of the application

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

- | | | |
|--|-----|----|
| 1. I wish to obtain my surname(s) and given name(s) of origin. | Yes | No |
| 2. I wish to obtain the surname(s) and given name(s) of my mother of origin. | Yes | No |
| 3. I wish to obtain the surname(s) and given name(s) of my father of origin. | Yes | No |
| 4. I wish to obtain my adoption history (family and medical antecedents). | Yes | No |
| 5. I wish to obtain information allowing me to contact my mother of origin (reunion). | Yes | No |
| 6. I wish to obtain information allowing me to contact my father of origin (reunion). | Yes | No |
| 7. I wish to obtain the surname(s) and given name(s) of one of my siblings of origin if he or she has requested the disclosure of information regarding my identity. | Yes | No |
| 8. I wish to obtain the surname(s) and given name(s) of one of my siblings of origin (reunion) if he or she has requested to contact me. | Yes | No |

2.1 Information to provide

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

Surname at birth (if known)	Given name at birth (if known)

Your place of birth (e.g. name of hospital, nursery or birth centre)

City of birth (if known)	Province or region of birth (if known)

Given name(s) and surname(s) of adoptive parent(s)

Place of residence of your adoptive parents at the time of your adoption

2.2 Personal information on the person or persons sought (if known):

	Mother of origin	Father of origin	Sibling of origin
Surname at birth			
Given name at birth			
Date of birth (year/month/day)			
Place of birth			
Place of residence at birth			

3. Application by a parent of origin

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

Object of the application

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

- | | | |
|---|-----|----|
| 1. I wish to obtain the surname(s) and given name(s) of my child following his or her adoption. | Yes | No |
| 2. I wish to obtain the antecedents of my child's adoptive parents. | Yes | No |
| 3. I wish to obtain information allowing me to contact my child (reunion). | Yes | No |

3.1 Information on the child you placed for adoption

Sex Female Male X

_____|_____|_____
Surname at birth (if known) Given name at birth (if known) Date of birth (year/month/day)

Pseudonym or name of the biological mother used at the time of birth (if applicable)

Place of birth (e.g. name of hospital, nursery or birth centre)

_____|_____
City of birth (if known) Province or region of birth (if known)

4. Application by an adoptive parent

Object of the application

I, the undersigned, _____, wish to receive my child's adoption history (family and medical antecedents).

4.1 Information to provide

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

Sex Female Male X

_____|_____|_____
Surname of the child after adoption Given name of the child after adoption Date of birth (year/month/day)

_____|_____
Surname at the birth of the child (if known) Given name at the birth of the child (if known)

Child's place of birth (e.g. name of hospital, nursery or birth centre)

_____|_____
Child's city of birth (if known) Child's province or region of birth (if known)

Place of your residence at the time of the adoption

5. Application by a sibling of an adopted person

IMPORTANT – Indicate your relationship of origin with the person sought:

Maternal

Paternal

Purpose of the application

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

- | | | |
|---|-----|----|
| 1. I wish to obtain the surname(s) and given name(s) of one of my siblings if he or she has requested the disclosure of information concerning my identity. | Yes | No |
| 2. I wish to obtain information allowing me to communicate with one of my siblings if he or she has requested contact with me (reunion). | Yes | No |

5.1 Personal information on the person sought

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname given at birth (if known)	Given name given at birth (if known)	Date of birth (year/month/day)
<input type="text"/>		
Place of birth (e.g. name of hospital, nursery or birth centre)		
<input type="text"/>	<input type="text"/>	
City of place of birth (if known)	Province or region of place of birth (if known)	

5.2 Personal information on the biological parents of the person sought (if known):

	Biological mother	Biological father	Sibling
Surname at birth			
Given name at birth			
Date of birth (year/month/day)			
Place of birth			
Place of residence at birth			
Living or deceased person*			

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

C. Signature and pieces of identification

In witness whereof, I have signed _____ on the _____
City Date (year/month/day)

Signature¹

Pieces of identification

If you are a parent of origin, an adopted person, an adoptive parent or a sibling of origin of an adopted person, attached to the form a copy of **two (2)** official pieces of identification², at least one of which bears your photo and your signature.

If you are an adopted person under 14 years of age, attach to the form:

- the authorization of your adoptive parent or your tutor, accompanied by **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.

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

1. To electronically sign the form, please see the "Instructions for adding an electronic signature to the PDF document" section at the bottom of this page.
2. The official pieces of identification accepted are the health insurance card, the driver's licence, the birth certificate, the passport and the Canadian citizenship card.

D. Authorization to exchange personal information with institutions/partners for international search and reunion purposes:

I am in agreement with the *Secrétariat aux services internationaux à l'enfant* exchanging personal information about me with any institution/person necessary to process my application for search and reunion abroad.

In witness whereof, I have signed _____ on the _____
City Date (year/month/day)

Signature³

3. To electronically sign the form, please see the "Instructions for adding an electronic signature to the PDF document" section at the bottom of this page.

Instructions for adding an electronic signature to the PDF document

Download link for adobe acrobat reader (Free version): <https://get.adobe.com/fr/reader/>

1. Open the PDF document or form to the page where you want to insert your signature.
2. Click on the **Tools** tab.
3. Click on the **Fill & Sign** icon.
4. In the toolbar, click on **Sign yourself**.
5. Select **Add Signature** from the drop-down menu. A pop-up box will open. Select the "Type" option to write your name using the keyboard or the "Draw" option to draw your signature with the computer mouse.
6. Click on **Apply**.
7. Click on **Sign yourself** again in the toolbar.
8. Select your signature and scroll with the cursor to drop it in the desired area.

