

You must send this duly completed form to the following address :
Secrétariat à l'adoption internationale (RASRI)
201, boul. Crémazie Est, bureau 1.01
Montréal (Québec) H2M 1L2

A. Status of the person completing this form

- I am a parent of origin.
- I am an adopted person.
- I am the **representative** of a **parent of origin**
(mandatory, curator, tutor, spouse, close relative or other).
- I am the **representative** of an **adopted person**
(mandatory, curator, tutor, spouse, close relative or other).

B. Registration

Please complete the sections that apply to your status. If you are :

- a parent of origin,
complete sections 1 and 3;
- an adopted person,
complete sections 1 and 4;
- the representative of a parent of origin,
complete sections 1, 2 and 5;
- the representative of an adopted person,
complete sections 1, 2 and 6.

**1. Information on the identity of the person concerned by the registration or being represented
(parent of origin or adopted person)**

Surname		Given name			Date of birth			Year	Month	Day
Health insurance number (optional)				Social insurance number (optional)						
Address (street number and name, apartment, city, province)								Postal code		
Area code	Telephone (home)	Area code	Telephone (work)	Extension	Area code	Cell phone	Email			

2. Information on the identity of the representative

Status: Mandatory Curator Tutor Spouse
 Close relative : _____ Other : _____
(indicate relationship) (specify)

Surname		Given name							
Address (street number and name, apartment, city, province)				Postal code					
Area code	Telephone (home)	Area code	Telephone (work)	Extension	Area code	Cell phone	Email		

Please attach to the form one (1) of the two attestations below :

- Document proving your mandate together with a document from a health practitioner who knows the person you are representing and can attest to the person's incapacity or inability to express his will.
- Document proving your curatorship or tutorship.

3. Declaration by the parent of origin

Please indicate the date of birth and original surname and given name (if known) of the child whom you placed for adoption.

Date of birth	Year	Month	Day	Surname	Given name
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Withdrawal of identity disclosure veto

I registered a veto barring disclosure of my identity in respect of the child whom I placed for adoption.

I, the undersigned,

_____, withdraw the veto barring disclosure of my identity registered in my file.

Withdrawal of contact veto

I registered a veto barring contact in respect of the child whom I placed for adoption.

I, the undersigned,

_____, withdraw the contact veto registered in my file.

4. Declaration by the adopted person**Withdrawal of identity disclosure veto**

I registered a veto barring disclosure of my identity in respect of : my mother of origin; my father of origin.

I, the undersigned,

_____, withdraw the veto barring disclosure of my identity registered in my file

in respect of : my mother of origin; my father of origin.

Withdrawal of contact veto

I registered a veto barring contact in respect of : my mother of origin; my father of origin.

I, the undersigned,

_____, withdraw the contact veto registered in my file

in respect of : my mother of origin; my father of origin.

5. Declaration by the parent of origin's representative

Please indicate the date of birth and original surname and given name (if known) of the child placed for adoption.

Date of birth	Year	Month	Day	Surname	Given name
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Withdrawal of identity disclosure veto

I, the undersigned,
 _____, withdraw the identity disclosure veto registered in the file of the
 person whom I am representing.

Withdrawal of contact veto

I, the undersigned,
 _____, withdraw the contact veto registered in the file of the
 person whom I am representing.

Respect for wishers

I recognize that, pursuant to Article 583.8, the person in whose behalf the veto is registered will be informed of the application for withdrawal and may oppose it.

6. Declaration by the adopted person's representative**Withdrawal of identity disclosure veto**

I, the undersigned,
 _____, withdraw the identity disclosure veto registered in the file
 of the person whom I am representing : the mother of origin; the father or origin.

Withdrawal of contact veto

I, the undersigned,
 _____, withdraw the contact veto registered in the file of the
 person whom I am representing : the mother of origin; the father of origin.

Respect de la volonté

I recognize that, pursuant to Article 583.8, the person in whose behalf the veto is registered will be informed of the application for withdrawal and may oppose it.

