

This application is for adoptees or adoptable people who have not been adopted who have submitted an application since the provisions of the *Act to amend the Civil Code and other legislative provisions as regards adoption and the disclosure of information* (Bill 113) came into force, have obtained services and who wish to submit a new application under the provisions of the *Act respecting family law reform with regard to filiation and amending the Civil Code in relation to personality rights and civil status* (Bill 2).

Status of the person who is completing the form

I am filing my application as:

- An adoptee
- An adoptable person who has not been adopted

A. Information on the identity of the person who is completing the form

Surname

First name

Date of birth (year/month/day)

Sex

Female

Male

Other

Health insurance number (if applicable)

Current full address

Number

Street

Apartment

City

Province

Postal code

Country

Telephone and email

Home telephone

Work telephone

Cell phone

Email

B. Application

IMPORTANT

If you are under 14 years of age, you must attach the authorization of each of your adoptive parents or your guardian to the application (Appendix 1).

Purpose of the application

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

		Yes	No
1.	I wish to obtain my surname(s) and first name(s) of origin.		
2.	I wish to obtain the surname(s) and first name(s) of my mother of origin.		
3.	I wish to obtain the surname(s) and first name(s) of my father of origin.		
4.	I wish to obtain my adoption history (family and medical background).		
5.	I wish to obtain the information that will allow me to contact my mother of origin (reunion).		
6.	I wish to obtain the information that will allow me to contact my father or origin (reunion).		
7.	I wish to obtain the surname(s) and first name(s) of a sibling of origin who has reached the age of majority.		
8.	I wish to obtain the information that will allow me to contact a sibling of origin who has reached the age of majority (reunion).		
9.	I wish to carry out a death verification concerning my mother of origin.		
10.	I wish to carry out a death verification concerning my father of origin.		
11.	I wish to obtain the surname(s) and first name(s) of my maternal grandmother of origin.		
12.	I wish to obtain the surname(s) and first name(s) of my maternal grandfather of origin.		
13.	I wish to obtain the surname(s) and first name(s) of my paternal grandmother of origin.		
14.	I wish to obtain the surname(s) and first name(s) of my paternal grandfather of origin.		
15.	I wish to obtain the information that will allow me to contact my maternal grandmother of origin (reunion).		
16.	I wish to obtain the information that will allow me to contact my original maternal grandfather (reunion).		
17.	I wish to obtain the information that will allow me to contact my paternal grandmother of origin (reunion).		
18.	I wish to obtain the information that will allow me to contact my paternal grandfather of origin (reunion).		
19.	I wish to obtain a copy of my original birth certificate (attestation).		
20.	I wish to obtain a copy of the judgments relating to my adoption (certificate).		

Information to be provided

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

Your surname(s) and first name(s) at birth (if known):

Surname(s)First name(s)

Your place of birth (e.g., name of the hospital, nursery or birth centre, city, region, province):

Surname(s) and first name(s) of the adoptive parent(s):

Surname(s) of the parentFirst name(s) of the parentDate of birth (year/month/day)

Surname(s) of the parentFirst name(s) of the parentDate of birth (year/month/day)

Place of residence of the adoptive parent(s) at the time of your adoption:

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

Information on	Surname(s)	First name(s)	Date of birth (year/month/day)	Birth place	Place of residence at the time of birth
The mother of origin					
The father of origin					
The sibling of origin					
The paternal grandparents of origin					
The maternal grandparents of origin					

C. Identity documents and signature

Identity documents

Please attach to the form a **photocopy** of **two (2)** official identity documents*, including at least one with your photo and your signature.

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

- The authorization of your adoptive parents or your guardian (Appendix 1), if applicable, along with **two (2)** official identity documents* for each, including at least one with a photo and their signatures;
- A copy of **two (2)** official identity documents* including at least one with your photo and your signature (if available).

* Official identity documents accepted:

- Health insurance card;
- Driver's licence;
- Birth certificate;
- Passport;
- Canadian citizenship card.

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

By signing, you certify that your signature is genuine and conforms with the signature on a copy of the official identification provided. Failing this, your application will not be processed.

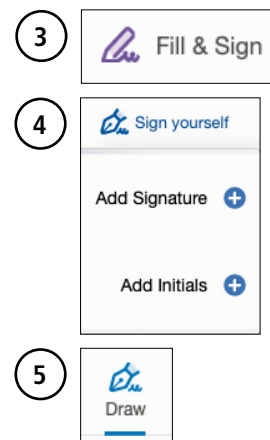
In witness whereof, I have signed in _____, on the _____
City Date (year/month/day)

Signature

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 "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.



If the application concerns an international or intergovernmental adoption , the duly completed form must be sent by mail, by email or delivered in person to the Direction de la recherche des origines et des retrouvailles internationales et intergouvernementales of the Secrétariat aux services internationaux à l'enfant.

Direction de la recherche des origines et des retrouvailles internationales et intergouvernementales	
Address: Secrétariat aux services internationaux à l'enfant Direction de la recherche des origines et des retrouvailles internationales et intergouvernementales 201, boul. Crémazie Est, bureau 1.01 Montréal (Québec) H2M 1L2 Telephone: 514 492-0467 Toll free number: 1 833 453-0521 Email: rasri@msss.gouv.qc.ca	

If the application concerns a national adoption, the duly completed form must be sent by mail, by email or delivered in person to the service relating to research into family and medical background and reunions of the Santé Québec institution of the region or territory where the adoption judgment was pronounced.

If you do not know which institution to contact, the duly completed form can be sent by mail, by email or delivered in person to the Santé Québec institution in your region.

Santé Québec Institution Contact Information	
Santé Québec Bas-Saint-Laurent	Santé Québec Saguenay–Lac-Saint-Jean – Universitaire
Address: 287, rue Pierre-Saindon, 3^e étage Postal Box 3500, Rimouski (Québec) G5L 8V5 Telephone: 418 721-2508 Toll free number: 1 833 721-2508 Email: atcd.retrouvailles.dpj-pje.cisssbsl@msss.gouv.qc.ca	Address: 1109, rue Bégin Pavillon Don Bosco Chicoutimi (Québec) G7H 4P1 Telephone: 418 549-4853, ext. 6303 Email: 02.cpej.antecedents-retrouvailles@msss.gouv.qc.ca
Santé Québec Capitale-Nationale – Universitaire	Santé Québec Mauricie-et-Centre-du-Québec – Universitaire
Address: 2915, av. du Bourg-Royal Québec (Québec) G1C 3S2 Mailing address of the background and reunions service Postal Box 70064 Québec, Canada G2J 0A1 Telephone: 418 666-8690 Email: ant.ret.ciussscn@msss.gouv.qc.ca	Address: 1455, boul. du Carmel Trois-Rivières (Québec) G8Z 3R7 Telephone: 819 378-5481 Email: 04retrouvailles@msss.gouv.qc.ca

Santé Québec Institution Contact Information	
Santé Québec Estrie – Centre hospitalier universitaire de Sherbrooke	Montréal: Santé Québec Ouest-de-l'Île-de-Montréal – Universitaire – Les Centres de la jeunesse et de la famille Batshaw
Address: 340, rue Dufferin Sherbrooke (Québec) J1H 4M7 Telephone: 819 822-2728, ext. 52113 Email: adoption-retrouvailles.cje@ssss.gouv.qc.ca	Address: 6, Weredale Park Westmount (Québec) H3Z 1Y6 Telephone: 514 989-2939 Email: retrouvailles.batshaw.comtl@ssss.gouv.qc.ca
Santé Québec Outaouais	Montréal: Santé Québec Centre-Sud-de-l'Île-de-Montréal – Universitaire
Address: 105, boul. Sacré-Cœur Gatineau (Québec) J8X 1C5 Telephone: 819 771-2990, ext. 442106 Email: 07.retrouvailles@ssss.gouv.qc.ca	Address: Adoption, Antécédents et Retrouvailles 1001, boul. de Maisonneuve Est, local 681 Montréal (Québec) H2L 4P9 Telephone: 514 896-3155 Email: recherche.antecedent.ccsmtl@ssss.gouv.qc.ca
Santé Québec Abitibi-Témiscamingue	Santé Québec Côte-Nord
Address: 3, 9 ^e Rue Rouyn-Noranda (Québec) J9X 2A9 Telephone: 819 279-4374 Email: 08.cisssat.adoption.antecedents.retrouvailles@ssss.gouv.qc.ca	Address: 835, boul. Jolliet Baie-Comeau (Québec) G5C 1P5 Telephone: 418 589-9927, option 2 Toll free number: 1 800 463-8547, option 2 Email: antecedents.ret.09cisss@ssss.gouv.qc.ca
Santé Québec Gaspésie	Santé Québec Chaudière-Appalaches
Address: 205, boul. York Ouest, Suite 100 Gaspé (Québec) G4X 2V7 Telephone: 418 368-1803 Email: ant.ret.cisssgaspesie@ssss.gouv.qc.ca	Address: 1120, boul. Guillaume-Couture, bureau 150 Lévis (Québec) G6W 0R8 Telephone: 418 839-6888, ext. 62403 Email: antecedents.retrouvailles.cisssca@ssss.gouv.qc.ca
Santé Québec Laval	Santé Québec Lanaudière
Address: Requests for services are processed by the CIUSSS du Centre-Sud de l'Île-de-Montréal. Adoption, Antécédents et Retrouvailles 1001, de Maisonneuve Est, local 681 Montréal (Québec) H2L 4P9 Telephone: 514 896-3155 Email: recherche.antecedent.ccsmtl@ssss.gouv.qc.ca	Address: 260, rue Lavaltrie Sud Joliette (Québec) J6E 5X7 Telephone: 450 756-8073 Email: ant-retrouvailles.cissslan@ssss.gouv.qc.ca
Santé Québec Laurentides	Montréal: Santé Québec Montérégie-Est
Address: 500, boul. des Laurentides, bureau 241 Saint-Jérôme (Québec) J7Z 4M2 Telephone: 1 855 752-7607 Email: antecedents-retrouvailles.cissslau@ssss.gouv.qc.ca	Address: 575, rue Adoncour Longueuil (Québec) J4G 2M6 Telephone: 450 928-4737 Email: antecedents-retrouvailles.cj16@ssss.gouv.qc.ca



Appendix 1 – if applicable

Parental authorization for a minor child who is under 14 years of age

In the context of a process relating to family and medical background and reunions.

I, the undersigned, _____ and
First name and surname of parent 1

I, the undersigned, _____,
First name and surname of parent 2

authorize our child _____
First name and surname of the child

born on _____ to take steps to obtain nominative information about their origins and to undertake a process to reunite
Date of birth (year/month/day)

with the person sought. Indicate the person sought:

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

Signature of parent 1

Signature of parent 2