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Santé et Services sociaux Québec

Application for research into family and medical background and reunions

You may file this application to obtain information about your family and medical background, to find out the identity of the person sought and to obtain the information that will allow you to contact them.

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 first-degree descendant of a deceased adoptee, aged 14 and over
- ◯ A parent of origin
- ◯ A grandparent of origin
- ◯ An adoptive parent of a child who is under 14 years of age (for a national adoption)
  An adoptive parent regardless of the child's age (for an International or Intergovernmental adoption)
- ◯ A sibling of origin (brother, sister) of an adoptee

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

Please complete the section that corresponds to your status. If you are:

- An adoptee or an adoptable person who has not been adopted, complete sections 1 and 1.2;
- A first-degree descendant of a deceased adoptee, aged 14 and over, complete sections 1.1 and 1.2;
- A parent of origin, complete sections 2 and 2.2;
- A grandparent of origin of an adoptee, complete sections 2.1 and 2.2;
- An adoptive parent, complete section 3;
- A sibling of origin of an adoptee, complete section 4.

Section 1 — Application by an adoptee or an adoptable person who has not been adopted

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. (Verification possible every 12 months.)	○	○
10.	I wish to carry out a death verification concerning my father of origin. (Verification possible every 12 months.)	○	○
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 maternal grandfather of origin (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).	○	○

Section 1.1 — Application by a first-degree descendant of a deceased adoptee, age 14 and over

IMPORTANT

***Proof of the bond of filiation and the parent's death certificate must be attached to the application.**

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 parent's original surname(s) and first name(s).	◯	◯
2.	I wish to obtain the surname(s) and first name(s) of my parent's mother of origin.	◯	◯
3.	I wish to obtain the surname(s) and first name(s) of my parent's father of origin.	◯	◯
4.	I wish to obtain my parent's adoption history (family and medical background).	◯	◯
5.	I wish to obtain the information that will allow me to contact my parent's mother of origin (reunion).	◯	◯
6.	I wish to obtain the information that will allow me to contact my parent's father of origin (reunion).	◯	◯
7.	I wish to obtain the surname(s) and first name(s) of my parent's sibling of origin who has reached the age of majority.	◯	◯
8.	I wish to obtain the information that will allow me to contact my parent's sibling of origin who has reached the age of majority (reunion).	◯	◯
9.	I wish to carry out a death verification concerning my parent's mother of origin. (Verification possible every 12 months.)	◯	◯
10.	I wish to carry out a death verification concerning my parent's father of origin. (Verification possible every 12 months.)	◯	◯
11.	I wish to obtain the surname(s) and first name(s) of my parent's maternal grandmother of origin.	◯	◯
12.	I wish to obtain the surname(s) and first name(s) of my parent's maternal grandfather of origin.	◯	◯
13.	I wish to obtain the surname(s) and first name(s) of my parent's paternal grandmother of origin.	◯	◯
14.	I wish to obtain the surname(s) and first name(s) of my parent's paternal grandfather of origin.	◯	◯
15.	I wish to obtain the information that will allow me to contact my parent's maternal grandmother of origin (reunion).	◯	◯
16.	I wish to obtain the information that will allow me to contact my parent's maternal grandfather of origin (reunion).	◯	◯
17.	I wish to obtain the information that will allow me to contact my parent's paternal grandmother of origin (reunion).	◯	◯
18.	I wish to obtain the information that will allow me to contact my parent's paternal grandfather of origin (reunion).	◯	◯
19.	I wish to obtain a copy of my parent's original birth certificate (attestation).	◯	◯
20.	I wish to obtain a copy of the judgments relating to my parent's adoption (certificate).	◯	◯

Section 1.2 — Information to be provided

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

The surname(s) and first name(s) of the adoptee at birth (if known):

Surname(s)	First name(s)	Date of birth (year/month/day)

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

The surname(s) and first name(s) of the adoptive parent(s):

Surname(s) of the parent	First name(s) of the parent	Date of birth (year/month/day)
Surname(s) of the parent	First name(s) of the parent	Date of birth (year/month/day)

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

Have you ever obtained services in the past (summary of your family and medical background, confirmation of death, reunion, etc.)?

◯ Yes ◯ No

Describe:

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					

Section 2 — Application by a parent of origin

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 the surname(s) and first name(s) given to my child following their adoption.	◯	◯
2.	I wish to obtain the history of my child's adoptive parents (including the information available on my child's adoption history).	◯	◯
3,	I wish to obtain the information that will allow me to contact my child (reunion).	◯	◯
4.	I wish to carry out a death verification concerning my child (verification possible every 12 months.)	◯	◯

Section 2.1 — Application by a grandparent of origin

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 the surname(s) and first name(s) given to the child following their adoption.	◯	◯
2.	I wish to obtain the information that will allow me to contact the child (reunion).	◯	◯

Section 2.2 — Information on the child who was placed for adoption

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

Surname given at birth (if known): _____

First name given at birth (if known): _____

Date of birth _____ (year/month/day) Sex at birth: ◯ Female ◯ Male

Name of the mother of origin or pseudonym used at birth (where applicable):

_____

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

Establishment (CISSS,CIUSSS) or Secrétariat aux services internationaux à l'enfant (SASIE) responsible of the adoption (the case depending):

_____

Section 3 — Application by an adoptive parent of a child who is under 14 years of age (national adoption) Application of an adoptive parent regardless of the child's age (international or intergovernmental adoption)

Purpose of the application

For the statement below, answer yes or no by checking the appropriate box.		Yes	No
1.	I wish to obtain my child's adoption history (family and medical background).	◯	◯

Information to be provided

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

Surname(s) and first name(s) of the child after adoption:

Surname(s) _____ First name(s) _____

Surname(s) and first name(s) given to the child at birth (if known):

Surname(s) _____ First name(s) _____

Date of birth: _____ (year/month/day) Sex at birth: ◯ Female ◯ Male

Gender identity: ◯ Female ◯ Male ◯ Other

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

Your place of residence at the time of the adoption:

Section 4 — Application from an adopted person's sibling of origin

IMPORTANT

Indicate your original bond of filiation with the person sought: ◯ Maternal ◯ Paternal

*Proof of a shared bond of filiation with the sibling sought must be attached to the application (birth certificate, death certificate of the parent or obituary).

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 the surname(s) and first name(s) of a sibling of origin who has reached the age of majority.	◯	◯
2.	I wish to obtain the information that will allow me to contact a sibling of origin who has reached the age of majority (reunion).	◯	◯

Personal information on the person sought

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

Surname given at birth (if known): _____

First name given at birth (if known): _____

Date of birth: _____
(year/month/day)

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

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

	Mother of Origin	Father of Origin
Surname and first name at birth		
Date of birth		
Place of birth		
Place of residence		
Alive or deceased*		

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

C. Identity documents and signature

Identity documents

If you are an adoptee, an adoptable person who has not been adopted, a parent of origin or an adoptive parent, please attach a **photocopy** of **two (2)** official identity documents* including at least one with your photo and your signature.

If you are a first-degree descendant of a deceased adoptee, aged 14 and over, please attach to the form:

- A **photocopy** of **two (2)** official identity documents* including at least one with your photo and signature;
- Proof of a bond of filiation with the adoptee (birth certificate);
- Proof of the adoptee's death (obituary, death certificate).

If you are a sibling of origin of an adoptee, or a grandparent of origin, please attach to the form a **photocopy** of **two (2) official identity documents*** including at least one with **your photo** and **your signature** as well as proof of a shared bond of filiation with the person sought (birth certificate).

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.

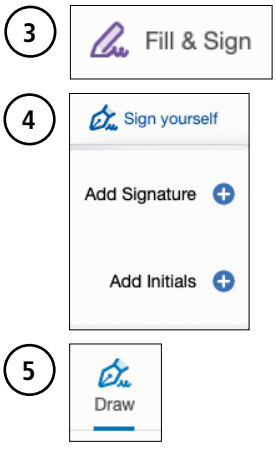
In witness whereof, I have signed in _____ (City), on the _____ (Date (year/month/day))

_____
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, 3e étage Postal Box 3500, Rimouski (Québec) G5L 8V5	**Address:** 1109, rue Bégin Pavillon Don Bosco Chicoutimi (Québec) G7H 4P1
Telephone: 418 721-2508	**Telephone:** 418 549-4853, ext. 6303
Toll free number: 1 833 721-2508	
Email: atcd.retrouvailles.dpj-pje.cisssbsl@ssss.gouv.qc.ca	**Email:** 02.cpej.antecedents-retrouvailles@ssss.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	**Address:** 1455, boul. du Carmel Trois-Rivières (Québec) G8Z 3R7
Telephone: 418 666-8690	**Telephone:** 819 378-5481
Email: ant.ret.ciussscn@ssss.gouv.qc.ca	**Email:** 04retrouvailles@ssss.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	**Adress:** 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, 9e 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	**Montérégie: 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