Application to Register/ Modify/Cancel
a Disclosure Veto or Contact
Preference & Written Statement

Department of Social Development

POST ADOPTION DISCLOSURE SERVICES

The information collected on this form is collected under the authority of the *Family Services Act* and will be used to fulfil the requirements of this Act for the release of information relating to adoptions.

Questions: call 1-844-851-0999 (toll-free in Canada and the U.S.)
Email:postadoptionservices@gnb.ca

To submit your form Mail: Post Adoption Disclosure Services Department of Social Development P.O. Box 6000, Fredericton, N.B. Canada E3B 5H1	*Office Use Only* Date Received:

Provide a clear copy of two pieces of current government-issued ID with your application (i.e. Driver's licence). Your photocopied identification must be verified and signed by a witness (see Part 4 for guidelines). If the copy is not clear, the application will be returned to you.

Birth parents must complete and sign a separate disclosure veto for each child placed for adoption.

Please note: Part 3 - Written statement is **optional** and not a requirement of filing this application.

PART 1:

Section A. Applicant Information			
First name	Middle name(s)	Current surname	
Previous names (if applicable)			
Date of Birth Year /Month /Day	I am the: ☐ Adoptee ☐ Birth mother ☐ Birth father		
Mailing address: Apartment number/Street number and name			
City/Town	Province/State	Country	Postal/Zip code
Home telephone number Country code ( ) ( )	Work telephone number Country code ( ) ( )	Cell telephone number Country code ( ) ( )	
Email address			

Section B: Birth and Adoption Information			
If you are the **birth parent**, please fill out the sections below:		If you are the **adoptee**, please fill out the sections below:	
Child's full name at birth (if known):		Adoptee's full name:	
Child's date of birth Year /Month /Day	Place of child's birth	Adoptee's date of birth Year /Month /Day	Adoptee's place of birth
Birth mother's full name at time of child's birth (if known)		Adoptive parent's full name and date of birth	
Birth father's full name at time of child's birth (if known)		Adoptive parent's full name and date of birth (if applicable)	
Birth registration number (From birth certificate)		Birth registration number (From birth certificate)	

PART 2:

Section C: Service Requested
☐ Register disclosure veto (Only adoptions finalized before April 1, 2018) ☐ Cancel disclosure veto ☐ Register contact preference ☐ Cancel/modify contact preference
Date of any previously submitted disclosure veto/contact preference (if known):
Additional information (Part 3 of this form): I have included a written statement with additional information on ☐ Reasons for non-disclosure ☐ Other non-identifying personal, family history, or social information ☐ Medical history OR ☐ I have not included any additional information

Section D. Contact Preference–Indicate the type of contact you prefer		
☐ No contact	Contact at this telephone number ( )	Contact at this email address
Other method of contact (e.g. in person)		

Declaration

By signing my name and by checking the box “Register disclosure veto” or “Cancel disclosure veto” in Part 2 of this form I understand and acknowledge that:

- None of my identifying information will be released to the other party.
- My disclosure veto will no longer be valid as of one year after my death.

By signing my name and by checking the box “Register a contact preference” or “Cancel/modify contact preference” in Part 2 of this form I understand and acknowledge that:

a) The other person will be notified of how or if I wish to be contacted. My contact preference does not prevent my name and other identifying information from being released. The Department of Social Development will not release my name and other identifying information unless the other person signs an undertaking to follow the terms of my contact preference.

b) Post Adoption Disclosure Services cannot guarantee the other person will follow the terms of my contact preference.

c) I may modify or cancel my contact preference at any time by submitting a new contact preference to Post Adoption Disclosure Services.

d) My contact preference will no longer be valid upon my death.

e) I am able to voluntarily provide a written statement of my current family social/medical background information, which the Post Adoption Disclosure Services may share with the individuals I have indicated.

Signature	Date
Signature of witness	Date

If your information changes, contact Post Adoption Disclosure Services to update your file.

ID that is included: ☐ Driver’s licence ☐ Passport ☐ Birth Certificate ☐ Other
* Remember to have a witness verify your photocopied identification documents

Part 3
Optional Written Statement

Please note: This is optional and is not a requirement of filing this application.

- Do not include any information in this statement that you do not want disclosed
- When your disclosure veto or a contact preference is in effect, the person applying for a copy of a record is informed and the New Brunswick Post Adoption Disclosure Services will provide the person this written statement that was filed with the application.

Please use space to provide reasons for not wanting your identifying information to be disclosed

Please use space to provide any other non-identifying personal, family history or social information

Medical History (this list is not exhaustive)

This section is optional and is considered a part of your Written Statement.

When completing this section, you may wish to indicate:

- If the medical issue was experienced by yourself, an immediate family member or another relative,
- The age of onset of the medical issue, and
- Any other medical information you would like to share.

☐ **Birth defects** (cleft lip/palate, clubfoot, heart defect, cerebral palsy, Down syndrome)
☐ **Bone/muscle disorders** (arthritis/rheumatism, osteoporosis, knee/hip disorder, scoliosis, spina bifida, muscular dystrophy, lupus)
☐ **Breast history** (cancer, lumpectomy, mastectomy, fibrocystic)
☐ **Cancer** (types and treatments, age at onset, part of body)
☐ **Dental issues**
☐ **Developmental delays** (type, diagnosis, hospitalization, type/level of education, medication used)
☐ **Diabetes** (type 1, type 2, age at onset, medications used)
☐ **Gastrointestinal issues** (colitis, Crohn's disease, irritable bowel syndrome, gastritis, ulcers, acid reflux)
☐ **Heart and blood conditions** (aneurysm, varicose veins, heart murmur, high blood pressure, stroke, heart attack, heart disease, blockages/clotting issues, angina, phlebitis, anemia, cholesterol problems)
☐ **Hereditary diseases/disorders** (hemophilia, thyroid disorders, galactosernia, Huntington's disease, sickle cell anemia)
☐ **Lung disease** (type)
☐ **Mental health issues** (depression, bipolar depression, anxiety disorders, schizophrenia and other psychotic disorders, personality disorders, eating disorders)
☐ **Neurological disorders** (Lou Gehrig's disease /ALS, muscular dystrophy, multiple sclerosis, cerebral palsy, Parkinson's disease, Alzheimer's disease/dementia, epilepsy/seizures, Tay Sachs disease, Tourette syndrome, autism spectrum disorder, attention deficit hyperactivity disorder)
☐ **Reproductive health issues** (cervical cancer, ovarian cancer, endometriosis, polycystic ovarian syndrome, yeast infections, genital warts, menstrual disorders, erectile dysfunction, prostate gland disorders, prostate cancer, cryptorchidism, benign prostatic hypertrophy)
☐ **Respiratory system conditions** (allergies, hay fever, asthma, sinusitis, tuberculosis, emphysema, cystic fibrosis)
☐ **Rheumatic Fever** (heart murmur)
☐ **Sense organ disorders** (blindness, near/far sighted, astigmatism, wears glasses/contacts, color/night blindness, glaucoma, cataracts, deafness, hard of hearing, ear infections)
☐ **Sexually transmitted infections** (gonorrhea, syphilis, herpes, HIV, AIDs)
☐ **Skin conditions** (acne, warts, psoriasis, eczema, baldness, cancer)
☐ **Substance addiction/abuse** (alcohol, tobacco, marijuana, barbiturates, amphetamines, hallucinogenics, cocaine, heroin, prescription drugs, tranquilizers)
☐ **Sudden Infant Death Syndrome**
☐ **Urinary conditions** (kidney disease, bladder infections, gout, kidney stones, liver disorders, pancreatic disorders, bladder cancer)

For birth mother only:

- **General menstrual and pregnancy history** (age of first menstruation, post-partum depression/anxiety, number of prior pregnancies)
- **Medical conditions during pregnancy with birth child** (German measles, sexually transmitted diseases, virus, toxemia, infections, accidents, anemic, diabetic)
- **Pregnancy and delivery history of birth child** (full-term, age at pregnancy, pre-natal care, complications, single birth/multiple births, duration of labor, natural/caesarean delivery, forceps, biological parent's blood type, mother's RH factor

Please use space below to record any medical history to be included with written statement

Part 4
Information about the Witness

PLEASE NOTE: FAILURE TO HAVE A WITNESS VERIFY YOUR PHOTOCOPIED IDENTIFICATION DOCUMENTS WILL MEAN THAT YOUR FORM CAN NOT BE PROCESSED.

In order for your form to be processed it must be accompanied by a photocopy of TWO (2) valid pieces of government-issued identification, one of which must be photo identification. Your photocopied identification must be verified and signed by a *witness*. An acceptable witness is a Commissioner of Oaths, a Notary Public or a designated professional.

- A Notary Public can usually be found in a law office.

- A Commissioner of Oaths may be found in the offices of:
  - Real estate agents or general insurance agents
  - Professional accountants
  - Rural post offices
  - Municipal offices
  - Police officers

Note: An appointment may be required and there may be a fee for this service.

- For the purposes of witnessing your signature on Part 1 and for verifying the photocopy of your identification documents, a designated professional is considered to be one of the following:
  - Dentist/Medical doctor/Chiropractor/Optometrist/Psychologist
  - Lawyer
  - Minister of religion
  - Pharmacist
  - Principal or teacher at a primary or secondary school
  - Judge/Magistrate/Police officer/RCMP officer
  - Justice of the Peace
  - Postmaster
  - Professional accountant who has a designation
  - Signing officer or manager at a bank, credit union, trust company, or other financial institution
  - Senior administrator, teacher, professor at a community college or university
  - Veterinarian
  - Social worker
  - Chief of First Nations band
  - Funeral director
  - Nurse practitioner/Registered nurse
  - Member of Parliament
  - Member of the Provincial Legislature
  - Municipal official
  - Official of a federal government department or provincial government department, or one of its agencies
  - Official of an embassy or consulate
  - Professional engineer

******IMPORTANT:*** Your witness must sign and date the photocopy of your identification. **Your witness must also provide contact information**, including her or his occupation or designation, place of employment, address and a **daytime telephone number** where she or he can be reached. A Commissioner of Oaths must provide a commission expiry date.