



Children's Aid Society

N I P I S S I N G   A N D   P A R R Y   S O U N D

# Request for Information Disclosure

(Adoption, Former Extended Society Wards and Former Client Requests)

## PART A: Contact Information of Requester

Title:	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>
Given Name:			Middle Name:	
Last Name:			Other Names:	
Maiden Name (or other surnames):				
Address:				
City:	Province:	Postal Code:		
Country:				
Telephone (Home/Cell):			Date of Birth:	
Language:				

Requesting information regarding:

**Adoption File**

(complete Part B & C)

**Former Extended Society Ward File**

(complete Part C & D)

**Former Client Information**

Please specify:

## PART B: Adoption Request Information

Status:	Adoptee <input type="checkbox"/>	Birth Parent <input type="checkbox"/>	Birth Sibling <input type="checkbox"/>	Adoptive Parent <input type="checkbox"/>	Other Birth Relative <input type="checkbox"/>
Relation:					
<b>Known Information on the Adopted Person:</b>					
Gender:	Male/Boy: <input type="checkbox"/>	Female/Girl: <input type="checkbox"/>			
Name at Birth:			Middle Name at Birth:		
Surname at Birth:			Date of Birth:		
Name at Adoption:			Middle Name at Adoption:		
Surname at Adoption:			Date of Birth:		

<b>Known Information Regarding the Involved Parents:</b>	
Birth Mother's First Name:	Birth Mother's Middle Name:
Birth Mother's Surname/ Maiden Name:	Date of Birth:
Birth Father's First Name	Birth Father's Middle Name:
Birth Father's Surname:	Date of Birth:
Adoptive Mother's First Name :	Adoptive Mother's Middle Name:
Adoptive Mother's Surname/ Maiden Name:	Date of Birth:
Adoptive Father's First Name:	Adoptive Father's Middle Name:
Adoptive Father's Surname:	Date of Birth:

**Type of Request:** Redacted File & Social History  Medical Information only  Other:

**PART C: Former Extended Society Ward Request Information:**

<b>Known Information Regarding Former Crown Ward:</b>	
Name at Birth:	Middle Name at Birth:
Surname at Birth:	Date of Birth:
Birth Mother's Name & Middle Name:	Birth Mother's Maiden Name:
Birth Mother's Surname:	Date of Birth:
Birth Father's Name:	Birth Father's Middle Name:
Birth Father's Surname:	Date of Birth:

**Type of Request:** Redacted Copy of File  Medical Information only  Other:

**Part D: Signed Statement of Applicant  
(please return completed form with photocopy of piece of identification)**

I hereby certify that the information I provided on this request form is true and correct to the best of my knowledge and belief.

I agree and understand that by submitting this request for disclosure and information to a child welfare society my personal information contained within this form will become part of the Provincial Information Management System known as the Child Protection Information Network (CPIN) on the day the form is submitted to a Child Welfare Society.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This form is for the purpose of obtaining non-identifying information from the Children's Aid Society of the District of Nipissing and Parry Sound for adoption, Extended Society Care or Former Client information file disclosure. If you wish to obtain identifying information in regards to an adoption, please contact Service Ontario at (800) 461-2156 or please refer to their web site [www.ontario.ca](http://www.ontario.ca).