



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

## Child Welfare Record Check Consent Form

CPIN

I,

(Present Full Legal Name)

D.O.B. (month/day/year)

Other Names (married/birth/other)

of:

(Current Address)

Hereby consent to a person and provider search being conducted of the records of the Children's Aid Societies in Ontario and the examination and disclosure of any information in the possession of or under the control of a Children's Aid Society in Ontario, regarding myself and any involvement I may have had directly, or indirectly, with respect to the provision of any and all types of child welfare services.

**A copy of my identification is attached to this consent?**

Yes ☐ No ☐

### Previous Places of Residence:

I have lived in the following places since I reached the age of 18 years or became a parent, whichever first occurred (if more space is needed, please use the back of this form):

City, Province, Country

Dates (from – to)

When completing your request, it is possible that records could be located that match both your name and date of birth but could belong to individuals other than yourself. Finding these alternative records may cause delays in our ability to provide you with timely results in order to confirm your identity. The additional information below is necessary in order to limit the possibility of locating alternative records. If your child(ren) are over the age of 18, their information would only be used to confirm your identity.

**My Child/ren's name(s):** (your children's information will not be stored in CPIN)

Child's Name	D.O.B. (month/day/year)
Child's Mother's Maiden Name	
Child's Name	D.O.B.
Child's Mother's Maiden Name	
Child's Name	D.O.B. (month/day/year)
Child's Mother's Maiden Name	

**Purpose of Request:**

- Adoption Disclosure ☐
- Former CAS Ward/Client File Review ☐
- Employment\*\* ☐ Company: \_\_\_\_\_
- Private Adoption\*\* ☐

**\*\* subject to \$35 fee (by cash or cheque)**

Signature	Date
Witness	Date

This Section is for Office Purposes Only – DO NOT SIGN HERE	
Results:	
Signature	Date
Director Of Service Signature	Date
Comments/Approval/Denied	

Payment Details	
Receipt #	Payment Received By