Children's Aid Society

NIPISSING AND PARRY SOUND

Request for Information Disclosure

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

PART A: Contact Information of Requester

Title:	Mr. ☐	Mrs. ☐	Mrs. ☐ Ms. ☐
Given Name:		Middle Name:	
Current Last Name:		Maiden Name (or other surnames):	
Address:	Apt.	P.O. Box	
City:	Province:	Postal Code:	
Country:			
Telephone (Home/Cell):		Date of Birth:	
Language:			
Child's Name: (if applicable)		Date of Birth:	
Child's Name: (if applicable)		Date of Birth:	
Child's Name: (if applicable)		Date of Birth:	

Please note: Information below is required for search purposes only

Your Parent's Name: Date of Birth:

Your Parent's Name: Date of Birth:

Please identify the information you require and the purpose for disclosure:

_____

_____

_____

_____

Requesting information regarding:

Replacement Documents ☐

Former Extended Society Ward File ☐

Former Client Information ☐
Please specify:

Record Check ☐
Please specify:

PART B: To be Completed for Adoption Disclosure Requests Only

Status:	Adoptee ☐	Birth Parent ☐	Birth Sibling ☐	Adoptive Parent ☐	Other Birth Relative ☐
Relation:				
Known Information on the Adopted Person:				
Gender:	Male/Boy: ☐	Female/Girl: ☐		
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:		
Known Information Regarding the Involved Parents:				
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:		
Please identify the information you require:				

Records Required:

Social History ☐ Medical Information ☐ Assessments ☐ Replacement Documents ☐ All Records ☐

OR

I require general information regarding how to pursue contact with my birth family ☐

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.

I would like to receive this information as follows:

CD ☐ **USB ☐** **Email ☐** **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
Witness Name (print)	Date
Signature	

This Section is for Office Purposes Only
I, verified identification of the individual requesting disclosure as follows:

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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 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.

I understand that some Ontario Children's Aid Societies are using CPIN (Child Protection Information Network) as their documentation system. I understand that when an agency using CPIN searches for my record, it will find all records of my involvement with all Children's Aid Societies also using CPIN. I also understand documentation regarding the record check will be entered in CPIN.

I further understand that when the Children's Aid Society of the District of Nipissing and Parry Sound uses CPIN, now or in the future, my personal information will be entered in the provincial Child Protection Information Network.

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.

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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. (month/day/year) _____

Child's Mother's Maiden Name _____

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

Child's Mother's Maiden Name _____

Signature _____ Date _____

Witness _____ Date _____

Consent Expires on (if applicable): _____

This Section is for Office Purposes Only – DO NOT SIGN HERE	
Results:	
Signature	Date:

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