



# Request for Information Disclosure

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

## PART A: Contact Information of Requester

Given Name:		Middle Name:	
Current Last Name:		Maiden Name (or other surnames):	
Address:		Apt.	P.O. Box
City:		Province:	Postal Code:
Country:			
Previous Addresses:			
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:	
<b>Please note: Information below is required for search purposes only</b>			
Your Parent's Name:		Date of Birth:	
Your Parent's Name:		Date of Birth:	
Please provide a detailed description of the personal information you are requesting and details that will assist in locating this information (such as dates, names of staff, location etc.):			
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Requesting information regarding: Replacement Documents  Former Extended Society Ward File

Former Client Information  Record Check

Please specify:

Please specify:

I hereby confirm that I have custody of the children for whom I am requesting disclosure:

YES (please attach relevant court orders to this request)

No

Not Applicable

## PART B: To be Completed ONLY for Adoption Disclosure Requests

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: (dd/M/yyyy)
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:
Please identify the information you require:	
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**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**

**I would like to receive this information as follows:**

**CD                       USB                       Email : \_\_\_\_\_                      Other:**

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).

**Part C: 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: