

Application for Statement of Original
Registration of Birth by the Adult Child
of a Deceased Birth Parent



Department of Social Development

POST ADOPTION DISCLOSURE SERVICES

If you are the adult child of a deceased birth parent who placed a child for adoption, and are seeking information on your adopted sibling, please use this form.

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: postadoptionsservices@gnb.ca

<p>To submit your form Mail: Post Adoption Disclosure Services Department of Social Development P.O. Box 6000, Fredericton, N.B. Canada E3B 5H1</p>	<p><i>Office Use Only</i> Date Received:</p>
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Applicant Identification and Proof of Death Requirements:

If you (the applicant) were born **in New Brunswick**, please provide a clear copy of your birth certificate and one piece of current government-issued photo identification with your application.

If you (the applicant) were born **outside of New Brunswick**, please provide a clear copy of your long form birth certificate, which must include the name(s) of your parent(s), and one piece of current government-issued photo identification with your application.

Your photocopied identification must be verified and signed by a witness (see page four for guidelines). If the copy is not clear, the application will be returned to you.

Proof of death: For deaths occurring **in New Brunswick**, a funeral home certificate of death or a death certificate is required. For deaths occurring **outside of New Brunswick**, a death certificate is required.

PART 1:

Applicant Information			
First name	Middle name(s)	Current surname	
Previous names (if applicable)			
Date of birth Year /Month /Day		Was the applicant born in New Brunswick? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Birth registration number (from birth certificate)		If not, a long form birth certificate including the name(s) of the parent(s) and place of birth must be provided.	
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			

PART 2:

Birth Parent's Information – Complete all known information		
Birth parent's birth name	Birth parent's date of birth Year /Month /Day	Birth parent's place of birth
	Birth registration number (from birth certificate)	
Birth parent's mother's full name	Birth parent's mother's date of birth Year/Month/Day	
	Birth parent's mother's maiden name, if applicable:	
Birth parent's father's full name	Birth parent's father's date of birth Year/Month/Day	

PART 3:

Information on adopted child (applicant's sibling) – Complete all known information		
Adoptee's birth name	Adoptee's date of birth Year /Month /Day	Adoptee's place of birth
	Birth registration number (from birth certificate)	
Adoptee's mother's full name	Adoptee's mother's date of birth Year/Month/Day	
	Adoptee's mother's maiden name, if applicable:	
Adoptee's father's full name	Adoptee's father's date of birth Year/Month/Day	

Declaration

I understand and acknowledge the following:

- I am identifying myself as the adult child of a deceased birth parent who had placed a child for adoption.
- The Statement of Original Registration of Birth cannot be released until after the adoptee has turned 19.
- If a disclosure veto exists against the release of an individual's identifying information, that information will not be released until one year after their death.
 - If a veto is not filed and you are the adult child of a deceased birth parent their information may be released to you.

Signature

Date

Signature of witness

Date

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

ID that is included: <input type="checkbox"/> Birth certificate <input type="checkbox"/> Driver's licence <input type="checkbox"/> Passport <input type="checkbox"/> Other * Remember to have a witness verify your photocopied identification documents
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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.

For your form to be processed it must be accompanied by a photocopy of two valid pieces of government-issued identification: a birth certificate and one piece of current government-issued 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/Optometrlist/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.