



Vital Statistics
Agency

NO-CONTACT DECLARATION AND STATEMENT Pertaining to an Adopted Person or Birth Parent

ADOPTION ACT - No-Contact Declaration and Statement

- Under Section 66 of the *Adoption Act*, a birth parent of an adopted person who is named in an original birth registration and who wishes not to be contacted by the person named as the child in the registration may apply to the Chief Executive Officer of Vital Statistics to file a written no-contact declaration.
- An adopted person 18 years of age or older who wishes not to be contacted by a birth parent named on a birth registration may apply to the CEO of Vital Statistics to file a written no-contact declaration.
- When an applicant applies to the CEO of Vital Statistics under this Part, they must supply any proof of identity required by that director, and, the CEO of Vital Statistics must file the no-contact declaration.
- The CEO of Vital Statistics must not give a person to whom a no-contact declaration relates a copy of a birth registration or other record naming the person who filed the declaration unless the person applying has signed an undertaking in the prescribed form.
- A person who is named in a no-contact declaration and has signed an undertaking must not:
 - ▼ knowingly contact or attempt to contact the person who filed the declaration;
 - ▼ procure another person to contact the person who filed the declaration;
 - ▼ use information obtained under this *Act* to intimidate or harass the person who filed the declaration; or
 - ▼ procure another person to intimidate or harass, by the use of information obtained under this *Act*, the person who filed the declaration.
- A person who files a no-contact declaration may file with it a written statement that includes any of the following:
 - ▼ the reasons for wishing not to be contacted;
 - ▼ in the case of a birth parent, a brief summary of any available information about the medical and social history of the birth parents and their families;
 - ▼ any other relevant non-identifying information.
- When a person to whom a no-contact declaration relates is given a copy of a birth registration, the CEO of Vital Statistics must give the person applying the information that is in any written statement filed with the declaration.
- A person who files a no-contact declaration may cancel the declaration at any time by notifying, in writing, the CEO of Vital Statistics.

Making a false statement:

Under Section 86 of the *Adoption Act*, a person must not make a statement that the person knows to be false or misleading in an application, or in connection with an application for a copy of a birth registration, or other record from the Vital Statistics Agency, or for filing a disclosure veto, or no-contact declaration.

A person who contravenes this section of the *Act* commits an offence and is liable on conviction to a fine of up to \$5,000.

Having read and understood the above section of the *Act*,

I, _____ do solemnly declare that I wish to
(Please Print Full Given Names and Surname)
register a NO-CONTACT DECLARATION prohibiting my contact as specified by the *ADOPTION ACT*.



NO-CONTACT DECLARATION AND STATEMENT Pertaining to an Adopted Person or Birth Parent

PLEASE READ NOTES ON REVERSE OF THIS FORM

The information on this form is collected under the authority of the *Adoption Act (1996, RSC5, Sec. 66 to 67)*. The information provided will be used to fulfill the requirements of the *Adoption Act* for the release of adoption information. If you have any questions about the collection or use of this information, please contact a Vital Statistics representative at 250-952-2681, or write to the mailing address shown on the back of this form (pg. 4). This information will be used and disclosed in accordance with the *Freedom of Information and Protection of Privacy Act*.

INFORMATION ABOUT THE PERSON APPLYING

| | | | | | | | | | | | | | | |
|---|--|--|------------------------------------|-------------------|--|--|--|--|---|--|--|--|--|--|
| APPLICANT'S DATE OF BIRTH MONTH DAY YEAR | | | APPLICANT'S PERSONAL HEALTH NUMBER | | | APPLICANT BORN IN BRITISH COLUMBIA <input type="checkbox"/> YES <input type="checkbox"/> NO | | | SHADED AREA FOR OFFICE USE ONLY APPLICATION FOR SERVICE NUMBER | | | | | |
| SURNAME | | | GIVEN NAMES | | | | | | | | | | | |
| MAILING ADDRESS | | | | | | | | | | | | | | |
| CITY/PROV/STATE/COUNTRY | | | | | | POSTAL CODE | | | | | | | | |
| HOME PHONE NUMBER | | | | WORK PHONE NUMBER | | | | | | | | | | |
| | | | | | | | | | | | | | | |

I AM: **ADOPTED PERSON** **COMPLETE SECTION A** **BIRTH PARENT** **COMPLETE SECTION B**
(18 years or older)

SECTION A: to be completed by adopted person - as applicant (PLEASE PRINT)

| | | | | | | | | | | | |
|---|--|--|-------------|--|--|---|--|--|-------------------------------------|--|--|
| NAME ON BIRTH CERTIFICATE AFTER ADOPTION SURNAME | | | GIVEN NAMES | | | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | | | DATE OF BIRTH MONTH DAY YEAR | | |
| BIRTHPLACE (CITY/PROV/STATE/COUNTRY) | | | | | | PLACE OF ADOPTION (CITY/PROV/STATE/COUNTRY) | | | | | |
| SURNAME OF ADOPTIVE FATHER | | | GIVEN NAMES | | | BIRTHPLACE OF ADOPTIVE FATHER (CITY/PROV/STATE/COUNTRY) | | | | | |
| MAIDEN SURNAME OF ADOPTIVE MOTHER | | | GIVEN NAMES | | | BIRTHPLACE OF ADOPTIVE MOTHER (CITY/PROV/STATE/COUNTRY) | | | | | |
| BIRTH NAME (IF KNOWN) | | | | | | BIRTH REGISTRATION NUMBER (FROM BIRTH CERTIFICATE) | | | | | |

SECTION B: to be completed by birth parent - as applicant (PLEASE PRINT)

| | | | | | | | | | | | | | | | |
|--|--|--|---|-------------|--|---|--|--------------------------------|---|--|--|---|--|--|--|
| PARTICULARS OF BIRTH PARENTS (AT TIME OF ADOPTED PERSON'S BIRTH) | | | | | | | | | | | | | | | |
| SURNAME OF BIRTH FATHER | | | | GIVEN NAMES | | | | MAIDEN SURNAME OF BIRTH MOTHER | | | | GIVEN NAME(S) | | | |
| DATE OF BIRTH MONTH DAY YEAR | | | BIRTHPLACE (CITY/PROV/STATE/COUNTRY) | | | DATE OF BIRTH MONTH DAY YEAR | | | BIRTHPLACE (CITY/PROV/STATE/COUNTRY) | | | | | | |
| PARTICULARS OF ADOPTED PERSON PRIOR TO ADOPTION | | | | | | | | | | | | | | | |
| SURNAME | | | GIVEN NAMES | | | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | | | DATE OF BIRTH MONTH DAY YEAR | | | BIRTHPLACE (CITY/PROV/STATE/COUNTRY) | | | |
| NAME OF ADOPTED PERSON FOLLOWING ADOPTION (IF KNOWN) | | | | | | | | | | | | | | | |

SIGNATURE OF APPLICANT X _____ WRITTEN SIGNATURE OF APPLICANT (DO NOT PRINT)

