



# WINDSOR-ESSEX CHILDREN'S AID SOCIETY

1671 Riverside Drive East  
Windsor, ON N8Y 5B5  
Phone: (519) 252-1171  
Fax: (519) 256-1820

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## REQUEST FOR NON-IDENTIFYING INFORMATION

**Please print clearly**

### APPLICANT'S INFORMATION:

Name in full: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

(Month/Day/Year)

Daytime telephone # ( ) \_\_\_\_\_ Ext # \_\_\_\_\_

Alternate telephone # ( ) \_\_\_\_\_ Ext# \_\_\_\_\_

Can a message be left for you at these numbers? Yes ( ) No ( )

### Applicant is applying as: (check as applicable)

- 1) an adoptee ( )
- 2) an adoptive parent ( )
- 3) a birth relative ( ) specify \_\_\_\_\_
- 4) a Former Crown Ward ( )
- 5) other ( ) specify \_\_\_\_\_

### Please complete as applicable:

A) If an **adoptee and/or Former Crown Ward**: (if known)

Full names of adoptive parents: \_\_\_\_\_

Full names of birth parents: \_\_\_\_\_

Full birth name: \_\_\_\_\_

B) If a **birth relative**: (if known)

Birth name and date of birth of adoptee: \_\_\_\_\_

Name of adoptee's birth parents (**at time of birth**):

Birth mother: \_\_\_\_\_

Birth father: \_\_\_\_\_

C) If an **adoptive parent**: (if known)

Birth name of adoptee: \_\_\_\_\_

Adoptive name: \_\_\_\_\_

Date of birth of adoptee: \_\_\_\_\_

Please indicate if you have requested/received any non identifying information from the Society in the past and if yes, specify when (approximately):

no ( )

yes ( ) when ? \_\_\_\_\_

Have you updated your file for the purpose of disclosure? Yes ( )

No ( )

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
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**Please complete and return to the address above, attention Adoption Disclosure.**