



REQUEST FOR NON-IDENTIFYING INFORMATION

FULL name _____

FULL address _____

Email: _____

Date of Birth: _____

Daytime telephone # () _____ Ext# _____

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

Applicant must meet one of the following criteria to be eligible

- 1) an adopted person aged 18 years or older ()
- 2) an adopted person under aged 18 years of age with adoptive parents written consent ()
- 3) a birth parent ()
- 4) an adoptive parent ()
- 5) a birth grandparent ()
- 6) a child of deceased adopted person, and you are aged 18 or older ()
- 7) a sibling of a birth parent and you are aged 18 or older ()
- 8) an adopted person aged 18 or older, applying to receive information about an adopted birth sibling ()
- 9) a birth sibling aged 18 or older applying to receive information about an adopted birth sibling/s ()

Windsor-Essex Children's Aid Society (Windsor) 1671 Riverside Dr. East, Windsor, ON, N8Y 5B5 • Tel: 519.252.1171 • Fax: 519.256.2739

Windsor-Essex Children's Aid Society (Leamington) 33 Princess St., Ste 505, Leamington, ON, N8H 5C5 • Tel: 519.322.0555 • Fax: 519.322.0455

Complete as applicable:

A) If an **adopted person:** (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 () If yes- when (approximately): _____

Have you updated your file for the purpose of disclosure? Yes () No ()

COMMENTS:

Please return attention: Adoption Disclosure Department

