

## REQUEST FOR NON-IDENTIFYING INFORMATION

**Name:** \_\_\_\_\_  
First
Middle
Last

**Date of Birth:** \_\_\_\_\_  
dd / mm / yyyy

**Address:** \_\_\_\_\_  
Street Address

\_\_\_\_\_

City
Province / State / Region

\_\_\_\_\_

Postal Code / ZIP
Country

**Daytime Phone:** \_\_\_\_\_

**Can a message be left for you at this number?** Yes  No

**Email:** \_\_\_\_\_

*Please Note: Security of email communication cannot be guaranteed. If you do not wish to communicate by email, please print this form and mail to the address provided.*

**Applicant must meet one of the following criteria to be eligible (please check the one that applies to you):**

- An adopted person aged 18 years or older
- An adopted person under 18 years of age, with adoptive parents written consent
- A birth parent
- An adoptive parent
- A birth grandparent
- A child of a deceased adopted person, and you are aged 18 or older
- A sibling of a birth parent, and you are aged 18 or older
- An adopted person aged 18 or older, applying to receive information about an adopted birth sibling
- A birth sibling aged 18 or older, applying to receive information about an adopted birth sibling

**Have you requested/received any non-identifying information from the Society in the past?**

YES  NO

**If yes, specify when (approximately):** \_\_\_\_\_

**Have you updated your file for the purpose of disclosure?** YES  NO

**Please complete the applicable sections to the best of your knowledge, as it pertains to the adopted person:**

Adoptee's Full Birth Name/DOB (dd/mm/yyyy): \_\_\_\_\_

Adoptee's Full Adoptive Name/DOB (dd/mm/yyyy): \_\_\_\_\_

Birth Mother's Full Name/DOB (dd/mm/yyyy): \_\_\_\_\_

Birth Father's Full Name/DOB (dd/mm/yyyy): \_\_\_\_\_

Adoptive Mother's Name/DOB (dd/mm/yyyy): \_\_\_\_\_

Adoptive Father's Name/DOB (dd/mm/yyyy): \_\_\_\_\_

Your Relationship to the Adoptee: \_\_\_\_\_

**What information are you requesting?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Please return this completed application, along with a copy of your ID and signed Consent form to:**

**Windsor-Essex Children's Aid Society  
Attn: Adoption Disclosure  
1671 Riverside Drive East  
Windsor, ON N8Y 5B5**

**Fax: 519-256-1820**

**Email: [adoption@wecas.on.ca](mailto:adoption@wecas.on.ca)**