

UPDATED SOCIAL HISTORY INFORMATION

This information is intended to update my file for purposes of disclosure.

This updated history is information with respect to: _____
(Your Name)

I am completing this information as (check one):

- an adoptee
- an adoptive parent
- a birth father
- a birth mother
- a birth sibling
- a birth relative – relationship to adoptee: _____

CURRENT MAILING ADDRESS AND CONTACT INFORMATION

Address: _____

 Phone: _____
 Email: _____

CURRENT FAMILY SITUATION (ie. married, divorced, children, grandchildren - how many, their ages and sex etc.)

PHYSICAL DESCRIPTION (ie. height, weight, colour of hair and eyes, outstanding features etc.)

HEALTH (ie. any serious illness and/or diseases, include immediate family members etc.)

EDUCATION AND EMPLOYMENT (ie. grade completed, special training etc.)

INTERESTS AND LIFESTYLE (ie. Hobbies, likes and dislikes etc.)

PERSONALITY/TEMPERAMENT (ie. Outgoing, quiet, energetic, friendly etc.)

FAMILY SUPPORT (ie. are they supportive of you seeking disclosure information and/or are they aware, how do they feel)

THOUGHTS ABOUT A POSSIBLE REUNION (ie. expectations, hopes, fears and possible concerns etc.)

ADDITIONAL INFORMATION/SPECIAL MESSAGE (ie. any other information you would like to share)

REGISTRATION INFORMATION

Have you registered with the Adoption Disclosure Register (through ServiceOntario)?

YES NO

If yes, when _____

I hereby permit the Windsor-Essex Children's Aid Society to share the above information (in non-identifying format) with my birth relative if/when they contact the Society for Adoption Disclosure services. I will keep the Society advised of any address and contact changes for myself. I understand that I can choose to provide or decline this consent and that, even though I am now consenting, I am able to withdraw this consent in the future, by providing notification in writing to the Adoption Disclosure department at the Windsor-Essex Children's Aid Society. I further understand that any withdrawal of my consent will not affect anything done in accordance with this consent prior to such withdrawal.

Signature

Date

Please return this completed form, along with a photo copy of your proof of identification 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