



The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the Adoption Act. Under certain circumstances, the collected information may be subject to disclosure as per the Adoption Act and/or the Freedom of Information and Protection of Privacy Act. Any questions about the collection, use or disclosure of this information should be directed to the Director, Information, Privacy and Records Services Branch, (250)387-0820, PO Box 9702, Stn Prov Govt, Victoria, B.C. V8W 9S1.

HOW TO REGISTER

- Registration on the Passive Registry and registration for an Active Search is available to parties to an adoption that was granted in British Columbia. For a brief description of these services and to determine whether you are eligible to apply for these services see page 2 of this application form.
Complete the application form in full, to the best of your knowledge. This will assist the Registry in processing your application.
Be sure your address and telephone numbers are correct and clear. Please notify the Registry if your name or address changes.
You may withdraw your application by making a written request to the Registry.

FEE SCHEDULE

Table with 2 columns: Fee Category and Amount. Rows include: Registration Fee (\$ 25.00), Passive Registry (No Additional Fee), Active Search (\$250.00), and Subsequent Active Searches (\$180.00).

NOTES:

- The registration fee of \$25.00 includes registration on Passive Registry.
When applying for an Active Search, submit only the \$25.00 registration fee. You will be contacted for payment of the additional Active Search fee when the Registry staff are ready to begin the search.
Fees may be paid by VISA, MasterCard, cheque or money order (Canadian funds, payable to the Minister of Finance). Cash not acceptable. For payment by credit card please complete Section 3, Part B on page 4 and submit with completed application.
If you are unable to pay the required fee, you may complete and submit an Income Test form to see if you qualify for full or partial exemption of fees. An Income Test form may be requested from the Adoption Reunion Registry.
A separate fee is charged for each search.

PLEASE MAIL YOUR COMPLETED APPLICATION WITH: 1) A COPY OF YOUR BIRTH CERTIFICATE; 2) A COPY OF THE ORIGINAL BIRTH REGISTRATION (if applicable); AND 3) REGISTRATION FEE TO THE ADOPTION REUNION REGISTRY.

ADOPTION REUNION REGISTRY
PO BOX 9705 STN PROV GOVT
VICTORIA BC V8W 9S1

For further information call:

In Greater Victoria: (250) 387-3660 or Outside Greater Victoria: toll-free 1-877-387-3660

OR

Enquiry BC:

In Vancouver: (604) 660-2421

Elsewhere in BC: 1-800-663-7867 (request transfer to desired contact phone number)

REGISTRATION ON THE PASSIVE REGISTRY

For the Passive Registry, no search is conducted to locate the other party. Reunions occur only if both parties are registered.

An application to the Passive Registry must be accompanied by a copy of your Birth Certificate and any other documentation as is required by the Registry to determine your identity and your relationship to the other party.

Adopted Adults

An adopted adult (an adopted person 19 years of age or older who was adopted in British Columbia) may register on the Passive Registry for contact with any or all of the following relatives:

- Birth parents;
- Siblings adopted into another family;
- Siblings who were not adopted; and
- Other relatives (grandparents, aunts, uncles, cousins).

Please note that you must specify which of the above relatives you want to have contact with. You may request contact with any or all of the above. You will only be matched with the relative(s) specified in your application.

Birth Parents

Birth parents may register on the Passive Registry for contact with an adopted adult whom they placed for adoption.

Relatives

Adult persons may register on the Passive Registry for contact with a relative who is an adopted adult.

REGISTRATION FOR AN ACTIVE SEARCH

Adopted Adults

Adopted adults may request an Active Search for their birth mother and/or their birth father. If a birth parent is deceased, an adopted adult may request an Active Search for siblings related to that birth parent. Adopted adults may request an Active Search for siblings adopted by a different family.

Your application for an Active Search must be accompanied by a copy of your Birth Certificate and a copy of the Birth Registration obtained under Section 63 of the *Adoption Act*.

Birth Parents

Birth parents may request an Active Search for an adopted adult whom they placed for adoption.

Your application for the Active Search must be accompanied by a copy of your Birth Certificate and the original Registration of Live Birth and/or Adoption Order obtained under Section 64 of the *Adoption Act* from Vital Statistics. Also acceptable, under the *Adoption Act*, is the Consent to Adoption that you signed.

PLEASE NOTE: Historically birth fathers' particulars have not been recorded on the Registration of Live Birth. The Adoption Reunion Registry will verify whether you signed a Consent to Adoption.

Siblings of an Adopted Adult

Siblings of an adopted adult may request an Active Search for the adopted adult if the birth parent to whom they are both related to is deceased.

Your application for an Active Search must be accompanied by a copy of the Death Certificate of the deceased birth parent.

Children or Grand Children of an Adopted Adult

Children or grandchildren of an adopted adult who are deceased may request an Active Search for:

- The adopted adult's birth mother and/or their birth father;
- Adopted siblings of the adopted adult; and
- If the birth parent of the deceased adopted adult is also deceased, siblings of the adopted adult who were not adopted.

Your application for an Active Search must be accompanied by a copy of the Death Certificate of the deceased adopted adult.

NOTES:

If a party with whom you are seeking contact is located on the Passive Registry or is located by an Active Search, you will be contacted by the Registry before identifying information is released.

To obtain a copy of the birth registration under Section 63 or 64 of the Adoption Act contact the Vital Statistics Agency at:

In Victoria: (250) 952-2681

In Vancouver: (604) 660-2937



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SECTION 1

A. APPLICANT'S INFORMATION

NAME OF APPLICANT (IN FULL), HOME PHONE NUMBER, WORK PHONE NUMBER, ADDRESS, CITY/TOWN, PROVINCE, COUNTRY, POSTAL CODE, E-MAIL ADDRESS (OPTIONAL)

B. I AM: C. I REQUEST THE FOLLOWING SERVICE: Registration on the Passive Registry for contact with: Active Search for: An Adopted Adult, A Birth Parent, A Relative

SECTION 2

A. TO BE COMPLETED BY ADOPTED ADULT

NAME ON BIRTH CERTIFICATE (IF DIFFERENT FROM ABOVE), BIRTH PLACE, BIRTH DATE (YYYY/MM/DD)

Names of adoptive parents at time of adoption

FATHER'S NAME IN FULL, MOTHER'S NAME IN FULL

B. TO BE COMPLETED BY BIRTH PARENTS & RELATIVES OF ADOPTED ADULT

Particulars of birth parents at time of adopted adult's birth

FATHER, MOTHER, NAME IN FULL, BIRTH DATE (YYYY/MM/DD), BIRTH PLACE

Particulars of adopted person(s)

Table with 5 columns: NAME GIVEN TO CHILD(REN) AT BIRTH, GENDER M/F, BIRTH DATE (YYYY/MM/DD), BIRTH PLACE, HOSPITAL (if known)

C. WOULD YOU BE WILLING TO BE CONTACTED BY AN AGENT OF THE REGISTRY FOR THE PURPOSE OF PARTICIPATING IN ADOPTION RESEARCH? Yes No

I declare that the information provided by me in this application is accurate to the best of my knowledge, APPLICANT'S SIGNATURE, DATE SIGNED (YYYY/MM/DD)

SECTION 3

A. APPLICANT SERVICE OPTIONS (See page 1 for details)

REGISTRATION FEE PASSIVE REGISTRY* ACTIVE SEARCH* SUBSEQUENT ACTIVE SEARCHES

*Was this adoption granted in British Columbia? Yes No

B. APPLICANT CREDIT CARD INFORMATION

If paying by credit card, please complete this section and submit with completed Adoption Reunion Registry application form:

| | | | |
|---|----------------------|-------------------------|---|
| NAME OF APPLICANT (IN FULL) | | | |
| CREDIT CARD TYPE <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD | CREDIT CARD NUMBER** | EXPIRATION DATE (MM/YY) | TOTAL PAYMENT AMOUNT (Canadian Dollars) \$ |
| NAME (IN FULL, AS IT APPEARS ON THE CREDIT CARD) | | | |
| CREDIT CARD HOLDER'S SIGNATURE | | | DATE SIGNED (YYYY/MM/DD) |

****This Section of the form will be destroyed once payment has been processed.**

C. RECEIPT MAILING INFORMATION

| | | | |
|----------------|-------------|--------------------------|--------------------------|
| NAME (IN FULL) | | HOME PHONE NUMBER () | WORK PHONE NUMBER () |
| ADDRESS | | CITY/TOWN | PROVINCE |
| COUNTRY | POSTAL CODE | E-MAILADDRESS | |

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AND
3) REGISTRATION FEE TO THE ADOPTION REUNION REGISTRY.

**ADOPTION REUNION REGISTRY
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