



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.

REQUEST DATE (YYYY/MM/DD)

SEARCH REQUEST BY:

<input type="checkbox"/> MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT	OFFICE CODE	NAME OF WORKER		
ADDRESS		POSTAL CODE	AREA CODE & TELEPHONE	AREA CODE & FAX

<input type="checkbox"/> AGENCY	NAME OF AGENCY	NAME OF SOCIAL WORKER		
ADDRESS		POSTAL CODE	AREA CODE & TELEPHONE	AREA CODE & FAX

<input type="checkbox"/> LAWYER	NAME			
ADDRESS		POSTAL CODE	AREA CODE & TELEPHONE	AREA CODE & FAX

<input type="checkbox"/> PROSPECTIVE ADOPTIVE PARENT(S)	NAME(S)			
ADDRESS		POSTAL CODE	AREA CODE & TELEPHONE	AREA CODE & FAX

Enclose a copy of the **Notice of Intent to Receive a Child by Direct Placement** form.

SIGNATURE OF PERSON REQUESTING SEARCH

SEARCH REQUEST (complete all known information below)

BIRTH FATHER

LAST NAME	GIVEN NAMES	BIRTH DATE (YYYY/MM/DD)	AGE
ALSO KNOWN AS			

BIRTH MOTHER

LAST NAME	GIVEN NAMES	BIRTH DATE (YYYY/MM/DD)	AGE
ALSO KNOWN AS/MAIDEN NAME			

CHILD

LAST NAME	GIVEN NAMES	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	
EXPECTED BIRTH DATE (YYYY/MM/DD)	BIRTH DATE (YYYY/MM/DD)	BIRTH PLACE	

BIRTH FATHERS' REGISTRY USE ONLY

Legal authority for collection of this information is ADOPTION REGULATION 14.

Mail or Fax Search Request to:
Birth Fathers' Registry
Adoption Services
Ministry of Children and Family Development
PO BOX 9705 Stn Prov Govt
Victoria BC V8W 9S1

Telephone: (250) 387-3660
Fax: (250) 356-1864