



Post-Adoption Services Application Form

Please note: This form is only valid until January 31, 2021.

Office Use Only

Date Received:

Submission ID:

Processed By:

Post-Adoption Services provides services for people separated by adoptions to obtain information and/or be put in contact with each other. Services include: adoption information service, Post-Adoption Register, and Active Search service. More information about Post-Adoption Services can be found [here](#).

The information provided on this form is collected under the authority of the *Adoption Act*, and this information will be used to fulfill the requirements of this *Act*.

For questions:

Call: (902) 368-6139 or 1-844-982-0507 (toll free in North America)

Mail: Post-Adoption Services, P.O. 2000, 161 St. Peter's Road, Charlottetown, PE, C1A 7N8

Email: adoption@gov.pe.ca

All sections marked with an * must be completed; however, you are encouraged to complete all sections to the best of your knowledge and ability.

Applicant Information

All applicants must complete this section.

FIRST NAME*		MIDDLE NAME(S) *		CURRENT SURNAME*	
PREVIOUS NAMES (I.E. MAIDEN NAME)		DATE OF BIRTH (DAY/MONTH/YEAR) *			
MAILING ADDRESS: APARTMENT NUMBER/STREET NAME AND NUMBER*					
CITY/TOWN*	PROVINCE/STATE*	COUNTRY*		POSTAL/ZIP CODE*	
MAIN TELEPHONE NUMBER* (INCLUDE AREA CODE)			ADDITIONAL TELEPHONE NUMBER(S) (INCLUDE AREA CODE)		
MAIN EMAIL ADDRESS*			CONFIRM EMAIL ADDRESS*		

Birth and Adoption Information

All applicants must complete this section.

NAME ON BIRTH CERTIFICATE AFTER ADOPTION	DATE OF BIRTH (DAY/MONTH/YEAR)
BIRTH NAME OF ADOPTEE (IF KNOWN)	PLACE OF BIRTH
ADOPTIVE PARENT #1: NAME AND DATE OF BIRTH	ADOPTIVE PARENT #2: NAME AND DATE OF BIRTH
BIRTH MOTHER'S NAME (IF KNOWN)	BIRTH FATHER'S NAME (IF KNOWN)
PLACE OF ADOPTION (CITY/PROVINCE/STATE/COUNTRY)	

Requested Services

All applicants must complete this section.

Post-Adoption Services are available for adult adoptees, birth parent(s), immediate birth family members (i.e. aunts, uncles, grandparents, siblings), and adoptive parent(s).

Please complete the section that best describes you and the services you are requesting.

Adult Adoptee

Please check the service(s) you are requesting:

- Receive health history only (if available).
- Non-Identifying background information (e.g. health history), which may be contained in the adoption records.
- Place my name on the Post-Adoption Register for possible contact or exchange of information with birth family. This request does not ask for an active search, but if the birth family seeks contact or has contacted the Register, the applicant will be notified.
- Register for an Active Search for the purpose of contact with my:
 - Birth mother
 - Birth father
 - Birth sibling(s)

Please note: a search for a birth father can be done only if the identity is certain on the adoption record.

Birth Parent(s)

Please check the service(s) you are requesting:

- Non-identifying background information, if available, up to the time of my child's adoption (e.g. health history).
- Place my name on the Post-Adoption Register for possible contact or information exchange between myself and my adult adopted child.
- Registration for an Active Search for the purpose of contact with my adopted child.

Birth Family

Please check the service you are requesting:

- To have my name placed on the Post-Adoption Register for possible contact or information exchange with the adult adoptee. I understand that a search will not be conducted but I may be notified if there is a match on the Register.

Relationship to the adult adoptee (please specify): _____

Adoptive Parent

Please check the service(s) you are requesting:

- Non-identifying background information, if available, about my adopted child (e.g. health history).
- Place my name on the Post Adoption Register for possible contact or information exchange with the birth family. The following are circumstances in which this could occur: the adoptee is deceased; the adoptee is an adult but due to special challenges is not competent to make this decision; the adoptee is over 18 years of age and wishes the applicant to register on their behalf. *

**Please note that if this option is selected, the adoptee must sign and date below.*

Date (Day, Month, Year)

Signature of Adopted Person

Terms of Agreement

All applicants must complete this section.

Please read the following information and terms below. For your application to be processed, you must select the box, type in (or sign) your full name, and include the date (see below).

- I give Prince Edward Island Post-Adoption Services permission to confidentially discuss this request with anyone the service finds necessary, in order to assist in providing this service.
- If applicable, I consent to the release of identifying information about me if there is match on the Post Adoption Register. I understand that Post-Adoption Services will contact me before releasing this information and that I may withdraw consent at any time, in writing.
- I understand that I am not able to request or access identifying information until January 31, 2021.
- I acknowledge that the information that I have included within this application is true, and has been completed to the best of my knowledge and ability.

By selecting this box, I _____ (*Full Name*) acknowledge that I have read and accept the terms outlined above, as of _____ (*Date; day, month, year*).

Attach a clear copy of two current government-issued ID with your application (i.e. Driver's License, Passport, Birth Certificate, Health Card). If the copy is not clear, your application will not be processed and will be returned to you.

Your completed application can be submitted by:

Mail
Post-Adoption Services
P.O Box 2000
161 St. Peter's Road
Charlottetown, PE, Canada

Email
adoption@gov.pe.ca