



Post-Adoption Services Application Form

Please note: This form is valid as of 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 potentially have contact with each other. Services include adoption information, Post-Adoption Register, and Active Search.

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 (DD/MM/YYYY) *		
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 E-mail Address *			Confirm E-mail Address*		

Birth and Adoption Information

All applicants must complete this section.

Name On Birth Certificate After Adoption	Date of Birth (DD/MM/YYYY)
Birth name of Adoptee (if known)	Place of Birth
Adoptive Parent #1: Full Name and Date of Birth	Adoptive Parent #2: Full 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.
- Specific identifying background information from the original birth registration and a copy of the Adoption Order.
- 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 instead it is a means to allow for adult adopted persons, birth parents, birth family and adoptive parents to identify their willingness to have potential contact with each other. If there is a match identified on the Post-Adoption Register, the parties may be notified for potential contact.
- Register for an Active Search for the purpose of contact with my:
 - Birth mother
 - Birth father (*this can only be done if the identity on the adoption record is certain*)
 - Birth sibling(s)

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).
- Copy of the Adoption Order (which includes the adoptive name of the child).
- Place my name on the Post-Adoption Register for possible contact or information exchange between my adult adopted child and myself. This request does not ask for an active search, but instead it is a means to allow for adult adopted persons, birth parents, birth family and adoptive parents to identify their willingness to have potential contact with each other. If there is a match identified on the Post-Adoption Register, the parties may be notified for potential contact.
- Registration for an Active Search for the purpose of contact with my adult adopted child.

Child of Deceased Adult Adopted Person

Must include confirmation that the Adult Adopted Person is deceased (i.e. obituary, death notice)

- Specific identifying background information from the original birth registration and a copy of the Adoption Order.
- Place my name on the Post-Adoption Register for possible contact or information exchange with birth family. This request does not ask for an active search, but instead it is a means to allow for adult adopted persons, birth parents, birth family and adoptive parents to identify their willingness to have potential contact with each other. If there is a match identified on the Post-Adoption Register, the parties may be notified for potential contact.

Child of Deceased Birth Parent

Must include confirmation that the Birth Parent is deceased (i.e. obituary, death notice)

- Copy of the Adoption Order (which includes the adoptive name of the child).
- Place my name on the Post-Adoption Register for possible contact or information exchange with birth family. This request does not ask for an active search, but instead it is a means to allow for adult adopted persons, birth parents, birth family and adoptive parents to identify their willingness to have potential contact with each other. If there is a match identified on the Post-Adoption Register, the parties may be notified for potential contact.

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.

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 read this section.

Please read the following information and terms 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.

Application Attachments

All applicants must complete this section.

In addition to completing this application form, please 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.

Signature

All applicants must complete this section.

By signing and dating below, I acknowledge that I have read and accept the Terms of Agreement as outlined above, and have included two current government-issued ID with my application.

Full Name (Printed)

Full Name (Signature)

Date (DD-MM-YYYY)

Submitting Application

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