



<i>Adoption Act</i>	<b>Program</b>	<b>Post-Adoption Services</b>	
	<b>Subject</b>	<b>Disclosure of Identifying Information</b>	<i>Policy #</i> 6.03
<b>Effective Date: November 28, 2000</b>		<b>Authorized by:</b>	
<b>Revised Date: January 31, 2021</b>		<b>Deputy Minister David Keedwell</b>	

**1.0 PURPOSE**

The purpose of disclosing identifying information is to provide birth parents and/or adult adoptees with information to further assist an individual in establishing their identity.

**2.0 DEFINITIONS**

2.1 **Post-Adoption Services:** an adoption disclosure service for those persons impacted by an adoption once the adopted person reaches the age of 18 years old.

2.2 **Identifying Information:** information that, directly or indirectly, identifies or may identify a person.

2.3 **Disclosure Veto:** a document filed under section 48.1 of the *Adoption Act*, or a similar document filed under legislation in another jurisdiction, prohibiting the disclosure of identifying information about the person who files it.

2.4 **Service Request Directory:** a directory where all applications submitted to Post-Adoption Services are documented. The Service Request Directory includes the date of application, birth and/or current name of the applicant, the party type (e.g. birth parent, adult adoptee), and the service(s) requested.

**3.0 POLICY STATEMENT**

3.1 Post-Adoption Services must provide identifying information to eligible applicants according to the requirements of the *Adoption Act* (sections 48 to 53).

3.2 The *Adoption Act* includes provisions to allow for open adoption records. However, the interest of an adopted person or a birth parent in obtaining identifying information respecting the other should be balanced to the extent possible with the other person's interest in protecting their privacy.

3.3 For adoptions finalized prior to January 31, 2020, a birth parent or an adopted person who is 18 years of age or older can submit a disclosure veto, to prevent their identifying information from being released. If identifying information is requested after January 31, 2021, and a disclosure veto is on file, then the identifying information cannot be provided.

- 3.4 Any adoption finalized after January 31, 2020 is considered to be an open adoption record, and does not have the option to submit a disclosure veto.
- 3.5 Identifying information will not be released to applicants until after January 31, 2021.

#### **4.0 PROCEDURE STATEMENT**

- 4.1 The disclosure of identifying information for adoptions finalized in Prince Edward Island can be made by request from an adult adopted person or a birth parent. These eligible applicants can request identifying information by completing the Post-Adoption Services Application Form, attached.
- 4.2 Applications are processed and recorded in the Service Request Directory. Service requests are completed in sequence of the date from which they are received.
- 4.3 The identifying information that can be requested depends on the applicant:
- An adult adopted person can request their name at birth, and/or the names of their birth parents.
  - A birth parent can request the adopted name of their child at the time of the adoption.
  - An adoptive parent cannot request identifying information.
- 4.4 Under the authority of the *Adoption Act*, Post-Adoption Services staff may request specific identifying information through PEI Vital Statistics.
- 4.5 As per the *Adoption Act*, adopted persons over the age of 18 years or an adult child of a deceased adopted person can receive identifying information from the original birth registration. This would include the adopted person's full name at birth and the names of their birth parents (as listed on their original birth registration), and a copy of the Adoption Order.
- 4.6 As per the *Adoption Act*, birth parents or a child of a deceased birth parent can receive a copy of the Adoption Order, which will include the adoptive name of the child. The adoptive parents' names will be redacted prior to the birth parents or a child of a deceased birth parent receiving the copy of the Adoption Order.
- 4.7 Identifying information about the adoptive family will not be released.
- 4.8 Once requested service objectives are met, or a determination is made to close a file, a Closing Summary (attached) is to be completed and placed in the adoption file.

#### **5.0 ATTACHMENTS**

- 5.1 Post-Adoption Services Application Form
- 5.2 Closing Summary
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**HISTORY:**

January 28, 2021: Updated to align with current practices relating to Post-Adoption Services that relate to the 2020 open adoption records amendments (e.g. the use of disclosure vetos to prevent the release of identifying information, restricting the number of eligible applicants) and editorial changes.

November 28, 2000: Original policy drafted and approved (“Disclosure of Identifying Information in Open Adoptions”, # 41.13.05)



# Post-Adoption Services Application Form

*Please note: This form is valid as of January 31, 2021.*

<b>Office Use Only</b>
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.

<b>First Name *</b>		<b>Middle Name(s) *</b>		<b>Current Surname *</b>	
<b>Previous Names (i.e. Maiden Name)</b>			<b>Date of Birth (DD/MM/YYYY) *</b>		
<b>Mailing Address: Apartment Number/ Street Name and Number *</b>					
<b>City/Town *</b>		<b>Province/ State*</b>		<b>Country*</b>	
<b>Postal/ZIP Code*</b>					
<b>Main Telephone Number * (include area code)</b>			<b>Additional Telephone Number(s) (include area code)</b>		
<b>Main E-mail Address *</b>			<b>Confirm E-mail Address*</b>		

## 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.**

<b>Adult Adoptee</b>
Please check the service(s) you are requesting:
<input type="checkbox"/> Receive health history only (if available).
<input type="checkbox"/> <u>Non-Identifying</u> background information (e.g. health history), which may be contained in the adoption records.
<input type="checkbox"/> Specific <u>identifying</u> background information from the original birth registration and a copy of the Adoption Order.
<input type="checkbox"/> 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.
<input type="checkbox"/> Register for an Active Search for the purpose of contact with my:
<input type="checkbox"/> Birth mother
<input type="checkbox"/> Birth father ( <i>this can only be done if the identity on the adoption record is certain</i> )
<input type="checkbox"/> 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.

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Full Name (Printed)

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Full Name (Signature)

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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



**POST-ADOPTION SERVICES  
CLOSING SUMMARY NOTES**

**APPLICANT:**

**BIRTH NAME:**

**BIRTH PARENT (S):**

**ADOPTIVE PARENT (S):**

**DATE OF APPLICATION:**

**DATE OF SERVICE OPENED:**

**SERVICE PROVIDED:**

- 

**OUTCOME:**

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**OUTSTANDING ISSUES:**

**DATE CLOSED:**

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Post-Adoption Services Worker