



<i>Adoption Act</i>	Program	Post-Adoption Services	
	Subject	Post-Adoption Register	Policy # 6.04
Effective Date: November 28, 2000		Authorized by:	
Revised Date: January 31, 2021		Deputy Minister David Keedwell	

1.0 PURPOSE

The purpose of the Post-Adoption Register is to allow eligible persons affected by an adoption with the option to register their willingness to exchange information and/or have contact with each other.

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 **Post-Adoption Register:** the registry maintained by the Director of Child Protection that collects the names of persons who have been directly or indirectly affected by an adoption order, who mutually consent to sharing information or contact. This was previously known as the “Reciprocal Search Register”.

3.0 POLICY STATEMENT

- 3.1 The Director of Child Protection must keep a Post-Adoption Register to assist people who wish to exchange non-identifying information or to make contact with each other, according to the requirements of the *Adoption Act* (sections 48 to 53).
- 3.2 Post-Adoption Services only provides service to individuals whose adoption was finalized in the province of Prince Edward Island. Any inquiry for Post-Adoption Services where the adoption was not finalized in Prince Edward Island must be re-directed by the applicant to the location where the adoption was finalized.

4.0 PROCEDURE STATEMENT

- 4.1 The following individuals are eligible to register for the Post-Adoption Register:
- Adopted persons who are 18 years of age or older.
 - Adoptive Parents, if:
 - the adopted person is deceased, and would be over the age of 18 years old,
 - the adult adopted person is not competent to make a decision about registration, or
 - the adult adopted person wishes the adoptive parents to register on the adopted person’s behalf, in which consent of the adopted person must be obtained.

- The spouse or children of a deceased adopted person.
 - Individuals with a significant birth relationship to the adopted person can register when the adopted person they are seeking contact with is 18 years of age or older. Birth parents, birth grandparents, and half or full birth siblings are considered as having a significant birth relationship to the adopted person.
- 4.2 Eligible parties may apply to have their name placed on the Post-Adoption Register by submitting a Post-Adoption Services Application Form, attached to Post-Adoption Services. The applicant must clearly state their connection to the adopted person, and the name of either the adopted person or birth parent to allow Post-Adoption Services to properly match the applicant to the correct adoption.
- 4.3 If there is a match between two parties on the Post-Adoption Register, both parties are notified, beginning with the adult adopted person. Once the adopted person confirms their consent to move forward with the contact, the other party would then be notified by phone or by letter to obtain mutual verbal or written consent to move forward with arranging potential contact.
- 4.4 If there is a match on the Post-Adoption Register between two parties, Post-Adoption Services will assist in arranging an exchange of non-identifying information (in the form of written letters) between the parties until there is a mutual verbal or written consent by both parties to exchange identifying information and engage in direct contact without the assistance of Post-Adoption Services.
- 4.5 If there is a match on the Post-Adoption Register for parties of an adoption arranged by a private intermediary or licensed liaison, then the private intermediary or licensed liaison may be asked for assistance, if determined to be advisable by Post-Adoption Services.
- 4.6 If there is a match made through the Active Search or Post-Adoption Register process, and a disclosure veto is on file for another party of the adoption that is not part of the match, Post-Adoption Services will continue with the matching service.
- 4.7 If the parties express a mutual consent to exchange identifying information and/or engage in direct contact with each other, they may proceed with:
- exchanging letters and/or pictures;
 - audio or video calls;
 - connecting through social media platforms;
 - meeting face to face with a consultant from Post-Adoption Services present, in a location that is mutually agreed upon by all parties involved; and/or
 - meeting in a neutral place without the Post-Adoption Services consultant present.
- 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.

4.9 Once the parties express willingness to share identifying information and engage in direct contact, they have the right to do so without the support of Post-Adoption Services. However, both parties may contact Post-Adoption Services at any point to provide updates on the contact, which would be documented in the adoption file. Parties can also contact Post-Adoption Services if additional support is required.

5.0 ATTACHMENT

5.1 Post-Adoption Services Application Form

5.2 Closing Summary

HISTORY:

January 28, 2021: Updated to align with current practices relating to Post-Adoption Services (e.g. changing the name from “Reciprocal Search Register” to “Post-Adoption Register”, expanding on ways the parties may mutually connect, and the use of the “Post-Adoption Services Application Form”) and editorial changes.

November 28, 2000: Original policy drafted and approved (“Reciprocal Search Register”, # 41.13.03)



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:
<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: <ul style="list-style-type: none"> <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.

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

**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:

-

OUTSTANDING ISSUES:

DATE CLOSED:

Post-Adoption Services Worker