adoption options building families, creating futures

Application Package for Processing a Private Adoption

To adopt a child in the province of Alberta, you must meet the Alberta adoption regulations. Eligibility includes being an Alberta resident, at least 18 years of age and able to demonstrate financial and domestic stability.



To Private Adoption Applicants:

Whether your adoption is a relative, private direct or spousal adoption, you now have the option of filing your adoption yourself using a Self-help Kit which can be purchased through King's Printers at <u>https://www.alberta.ca/private-adoption.aspx</u> or by having us assist you with that process.

Alberta legislation does not require a homestudy from you. However, the Justice could decide that they would like to see a homestudy before granting the adoption. Several other documents are required as part of the adoption application. Ensuring compliance with adoption regulations is mandatory as set out in the Child, Youth and Family Enhancement Act.

Furthermore, the birthparent or other legal guardian has a right to see a homestudy, criminal record checks and child intervention checks on the adoption applicant(s). If they decide that they want to exercise that right, the consent will not be signed until a homestudy is completed and that process takes approximately three months. Also, be aware that if you are adopting from another province or territory you will have to comply with their legislation and most of them require a homestudy BEFORE the child can be placed with you.

Enclosed is information about how we can help you with this process, what we will need and what we can do for you. If you would like to discuss your situation, please call to set up an initial consultation with one of our social workers (see fee schedule enclosed).

Sincerely,

Sheryl Proulx, BSW, RSW Executive Director

403.270.8228 207, 5940 Macleod Trail SW Calgary, AB, T2H 2G4 <u>aocal@adoptionoptions.com</u> 780.433.5656

#6, 9363 50 Street NW Edmonton, AB, T6B 2L5 aoedm@adoptionoptions.com

adoptionoptions.com



# WHAT YOU NEED TO PROVIDE

#### 1. Documents to complete and return to us

- □ Application for Private Direct/Spousal Adoption
- □ Contract
- □ Criminal Record Checks (no more than 6 months old)
- □ Statement of Petitioner

#### 2. Documents to gather and submit to us

- □ Notarized or original Marriage certificate (see instructions) \**If applicable*.
- D Photocopy of your birth certificates / \*if not married, then original or notarized copy.
- D Photocopy of child's birth certificate if you have one
- □ Original of Consent(s) by Guardian to Adoption
  - Three different forms are enclosed. Be sure to use the right one for your situation. If this is a private direct adoption (not spousal or step-parent adoption), the consent must be done before a lawyer. We can help with a referral.
- Original or certified copy of court orders regarding custody or access to this child (if there are any)
- □ Affidavit of Birthmother we can help with this.
- □ Original access agreement (written or verbal)
- □ Child's family and medical history form (completed by birthparents or legal guardians)

**Note** that any of the above documents that are not in English will have to be officially translated. Ask us how to go about that.

#### 3. Documents which we will prepare

- □ Application for Adoption Order
- □ Affidavit of Applicant(s)
- □ Adoption Order
- □ Adoption Information
- □ Registration of A Birth

#### 4. Services which we will provide

- □ In person and telephone assistance throughout the process.
- U We will complete your adoption package and file it in court on your behalf.
- □ We will provide you with a copy of the documents and serve those documents on Alberta Children's Services and the birthparents unless you choose to do that yourselves.
- A final statement outlining the fees you have paid, as the expenses of an adoption are now tax-deductible for the tax year in which the adoption was finalized.

#### Documents may be returned to:

Adoption Options Edmonton Unit 6, 9363 – 50 Street Edmonton, Alberta T6B 2L5 Adoption Options Calgary Unit 207, 5940 Macleod Trail South Calgary, Alberta T2H 2G4



# **FEE SCHEDULE**

Initial consultation (due day of meeting with the social worker)	\$ 250
Assistance with the preparation of the required court documents	\$1,000
This includes preparing all of the legal documents. Additional meetings, telephone of etc. It might also include efforts to track down and/or complete required documents contacting the birthparent if necessary to complete affidavits and medical/social his birthfather notice/status, documents addressing Indigenous heritage, and contact a	s including story,
Registration of Birth	\$ 50
Filing of court documents	\$2,250
Service of court documents on all parties	<u>\$ 100</u>
Total	\$3,650
Preparation and filing documents of each additional child	\$1,600
OPTIONAL SERVICES and possible fees	
Counselling for birthparents	\$150/hour
Home Assessment Report (if required by judge, birthparent or other jurisdiction)	\$3,500*
There would also be mileage and travel time, etc. for a visit to your home. .60/km and \$37.50/h	nour travel time
Participation in an adoption seminar	\$1,200
Families who choose to complete a homestudy and participate in Adoption Options could then apply as a re-entry to our agency for a subsequent adoption placement.	

The **full fee is required at the outset** by e-transfer to <u>aoedm@adoptionoptions.com</u>, VISA or MasterCard, or cheque payable to Adoption Options Alberta Ltd. Disbursements, if any, will be billed as needed.



### **PRIVATE DIRECT ADOPTION**

ADOPTIVE PARENTS' INFORMATION (Please Print)

Full <u>Legal</u> Names as they will appear on documentation for Court of Queen's Bench (*Please compare your birth and marriage certificated for accuracy; if they differ, please provide an explanation*)

APPLICANT ONE, NAME IN I	FULL	
APPLICANT TWO, NAME IN	FULL	
Maiden Name		
Address		
City	Postal Code	
Home Phone	Cell Phone(s)	
Email Address		
We wish to receive emails from adoption-related information (plea		e newsletter Adoption Matters and other ided on our email list).
	Applicant One	Applicant Two
Work Phone:		
Date of Birth:		
Place of Birth: _		
Marital Status of Applicant		ertificates for each applicant.

Married - please include an original or notarized copy of your marriage certificate and photocopies of each of birth certificates for each applicant.

Interdependent adult relationship - please include original or notarized birth certificates for each applicant.

Other: please explain \_\_\_\_\_

adoption options

**Please note** that if birth and/or marriage certificates are not in English you must have them translated into English, to be acceptable to the Court.

Certificates provided to the Agency will NOT be returned to you as they are filed as part of the Court required documentation.

Does the child have any amount of Indigenous Heritage?

Yes. If your child has **any amount** of Indigenous heritage, you must complete a Cultural Connection Plan which will be filed with your Adoption Application. This form is included in this package. This is not an optional form. Without this form the Clerk of the Court will not file the adoption, if the adoption is not filed it cannot be granted.

Are there any custody or guardianship orders regarding the child?

\_\_ No

 $\Box$  Yes, please include the original or a notarized copy.

Do you have a verbal agreement with the birthparents / legal guardians regarding access to the child (eg. exchanging letters and pictures, E-mails, telephone calls, visits, etc.)?

\_\_ No

Yes, a verbal agreement exists and that agreement states (please include your understanding of the agreement here).

Do you have a written agreement with the birthparents / legal guardians regarding access to the child?

] No written agreement exists.

] A written agreement exists and the original (or a notarized copy) is attached.

Applicant 1	Applicant 2
Are you a Stepparent to the child?	Are you a Stepparent to the child?
No	🗌 No
Yes	
Are you a Birthparent to the child?	Are you a Birthparent to the child?
No	No
☐ Yes	🗌 Yes
Are you related to the child?	Are you related to the child?
No	No
🗌 Yes	☐ Yes
If yes explain:	If yes explain:

Is there an agreement for you to pay or give any consideration as an Applicant?



# **BIRTHPARENT INFORMATION**

(Please print)

Birthmother Informatio	n		
Full Legal Name:			
Address:			
Phone:			
Date of Birth:		Place of Birth:	
Birthfather Information	l		
Full Legal Name:			
Address:			
Phone:			
Date of Birth:		Place of Birth:	
		t)	(month / year)
Name of Child at Birth		,	
Date of Birth:			
Hospital of Birth:			
Place of Birth:			
The child is Male	Female		
NEW NAME OF CHIL	D:		
		aced in the home of the	



# **CONTRACT WITH ADOPTION OPTIONS**

Name of Application One:		
Name of Application Two:		
Address:		
	Postal Code:	
Telephone: home		
	cell	
Application Two: work	cell	
E-Mail:		

WE UNDERSTAND IN MAKING THIS APPLICATION THAT:

- 1. We are entering into an agreement to have Adoption Options assist us to prepare and file the court documents for our private adoption.
- 2. We agree to pay for the consultation fee, preparation fees, and court filing as outlined in the fee schedule included in the information package. We understand that these fees are due at time of contracting with Adoption Options to file our adoption application. We also understand that these fees are non-refundable once our application has been processed.
- 3. Adoption Options will be collecting personal information from us as required by Regulation in order to file our adoption application. We will provide full and complete disclosure of all information relevant to this process and know that these items will be sent to court as part of our application.

Signature of Applicant One

Signature of Applicant Two

Date

Date





### **REQUEST FOR CRIMINAL RECORD CHECK**

Pursuant to S.6(2)(d) of the Adoption Regulations, we require a Criminal Record Check on your application to become an adoptive parent. We request that you proceed to the Local RCMP Detachment or the City Police Headquarters (for residents of Edmonton, Calgary, Lethbridge, and Medicine Hat only), in the Province of Alberta to have your Criminal Record Check completed. We ask that you take with you proper identification, preferably your birth certificate and a driver's license, to assist the officer in charge. Although it appears that you can receive a criminal record check online, it is not the correct check that is required. All applicants need to apply in-person at a police station for this. *We need a clearance for everyone over 18 years of age living in your home.* 

It is our understanding that if you apply to a City Police Department, your Criminal Record Checks will include a statement similar to the following: "Vulnerable Sector – Search – Completed/Included". This is acceptable for Court purposes.

For those who will be applying for a Criminal Record Check request from the RCMP the process is different. Please explain that you are having this check completed for the purposes of adoption and that it must be fingerprint based.

The RCMP has provided the following information: The RCMP cannot do a Vulnerable Sector check because a vulnerable sector check only applies to a "paid or volunteer" position - as a parent, you cannot be terminated from that role. The RCMP still completes all the same checks but cannot call it a Vulnerable Sector Check because of the way the Criminal Records Act 6.3 reads. Checks are being completed to ensure that a pardon has never been issued for a sexual offence as well as checking Interpol. Having fingerprints taken is the most comprehensive check that can be completed on an applicant. It is the RCMP's policy to have fingerprints taken and submitted to the Canadian Real Time Identification Services (CCRTIS) for processing.

The Criminal Record, or the Certification that no record exists will be forwarded back to you by the police and NOT to our office. It will be your responsibility to provide documentation to us in a timely manner, in order that we may proceed further with your application.

Please contact your local police detachment for their hours of operation and instructions for visiting inperson.

Please present this form to the police when requesting a Criminal Record Check.

PLEASE NOTE: Criminal Record Checks must be current and dated within six months of starting your homestudy in order for your homestudy to be assigned. These must also be renewed every two years in order to keep your file current and active while you wait for the placement of a child. 403.270.8228

403.270.8228 207, 5940 Macleod Trail SW Calgary, AB, T2H 2G4 aocal@adoptionoptions.com

780.433.5656 #6, 9363 50 Street NW Edmonton, AB, T6B 2L5 acedm@adoptionoptions.com

adoptionoptions.com



## STATEMENT OF PETITIONER

Prepare a *Statement of Petitioner* that describes the kind of activities you and the child do together. How you know the child and why you are applying to adopt the child. You can write your statement as a letter to the Court. Make sure that you both sign the letter and print your name(s) underneath your signature(s).

E.g.

To the Justice of the Court of Queen's Bench:

Yours truly,

Mary Jane Smith John David Smith

\*\*\*We are happy to help with this statement.



# **OTHER DOCUMENTS**

- Marriage Certificate -- This certificate is to be a document that is issued by the Division of Vital Statistics or a similar Bureau or Registry. This document may be a notarized copy. Any size certificate is acceptable, however, we prefer the framing size. This document is also acceptable if it is a notarized copy.
   <u>\*DO NOT SEND YOUR CHURCH CERTIFICATE.</u>
- Death Certificate -- Issued by the Division of Vital Statistics or similar Bureau or Registry. These should be notarized copies or copies that have been certified by the Bureau.
- 3) Change of Name Certificate -- This document should be one that is issued by the Division of Vital Statistics or similar Bureau or Registry.

# PLEASE NOTE THAT none of these documents will be returned to you as they are filed in court with the adoption application.

If your marriage took place in Alberta, you can order an original marriage certificate from one of the private registry agents. (Sample below)

If any of the above certificates are written in another language, we will require an English translation for the court.





Please give this letter to the lawyer doing the consent with the birthparent.

Memo: To Lawyer From: Adoption Options

#### **RE: PRIVATE DIRECT PLACEMENTS**

To meet Alberta's legislative requirements the consent must be done on government regulated form CS3598 (2004/11) [or CS2659 (2004/11) for a step-parent adoption] if the birthparent resides in Alberta. If the birthparents are in another jurisdiction in Canada, you may use the consent form of that jurisdiction.

In order to file this adoption in court, the adoptive parent(s) should also have an affidavit done by the birthmother addressing a number of issues. The following page describes what the contents of that affidavit should include, according to the Child, Youth and Family Enhancement Act.

Note that if the birthmother does not know who the birthfather is, she must swear an affidavit outlining the reason she does not know and give particulars. The Court does not accept a statement of "unknown".

Finally, under Alberta's Family Law Act, the consent of the birthfather may also be required if considered to be a legal guardian. If he is part of the process or is named and available and willing, please obtain his consent as well.

Thank you for providing the appropriate legal documentation to enable us to process this adoption without difficulties.



# **AFFIDAVIT OF BIRTHMOTHER**

The Affidavit of Birthmother is a required document for filing a private direct adoption. This document must be thoughtfully completed by the birthmother with either one of our social workers, who is a commissioner of oaths or with a lawyer.

This affidavit should attempt to address all the issues that the court needs to have covered:

- > what is the birthmother's name, address and occupation,
- ➢ is she married, or has she lived common law,
- > does she have an adult interdependent partner relationship,
- > who is the birthfather,
- if she cannot or won't name him, there needs to be a full explanation of the circumstances,
- what is her relationship with the birthfather,
- > are there any other possible guardians,
- ➢ is there any Indigenous heritage,
- > is there any agreement to receive payment or consideration,
- is there a written or verbal agreement for ongoing contact or access,
- how did she come to place her baby in this home / choose this home to place her baby,
- and where there is no likelihood of finding this birthfather or of having his consent, this affidavit serves as a supporting affidavit to dispense with his service and consent.

The birthmother will need to complete the following on the affidavit regarding her relationship with the prospective birthfather.

The mother and the father of this child are both guardians of the child because (check all that are applicable)

- $\Box$  we were married to each other at the time of the birth of the child.
- we were married to each other and the marriage was terminated by: a degree of nullity of marriage granted less than 300 days before the birth of the child, or a judgement of divorce granted less than 300 days before the birth of the child.
- $\Box$  we were married to each other after the birth of the child.
- we cohabitated with each other for 12 consecutive months during which time the child was born, or
- we were each other's adult interdependent partners at the time of the birth of the child or became each other's adult interdependent partner after the birth of the child.
- the other party has been voluntarily providing or offering to provide reasonable direct or indirect support, other than pursuant to a court order for the child.



- □ the other party has been providing or offering to provide reasonable direct or indirect financial or other support, other than pursuant to a court order, for me during or after the pregnancy,
- there are other circumstances that a court will find demonstrates the parent's intention to assume responsibility of a guardian in respect of the child [specify]

If you are seeking the assistance of a lawyer to complete this, please take this page to the lawyer who will be doing consents with the birthparents and ask him/her to also do a Birthmother Affidavit with the birthmother of the child.

A sample of the Affidavit of Birthmother is included in this package and in the Self-Help Kit provided through the King's Printer.

All the best,

**Adoption Options** 



# Consent by a Child 12 Years of Age Or Older to Adoption

In the Matter of the Child, Youth and Fanily Enhancement Act, Section 59           Regarding the child	Queen's Bench of Alberta Judicial	
Consent My name is	Youth and Family Enhancement Act, Section 59	In the Matter of the <i>Ch</i>
Consent My name is	Born	1 Regarding the child
My name is	ocument , born date (yyyy/mm/dd)	Name as on bi
My address is	Consent	
My address is	print name	My name is
I know that		
of		
of	ma(a) of adapting parent(a)	I know that
are petitioning the Court for an adoption order about me.  1. I understand what an adoption order means. 2. I consent to the adoption order.	ine(s) of adopting parent(s)	of
1. I understand what an adoption order means.         2. I consent to the adoption order.	full mailing address	01
2. I consent to the adoption order.	ne.	are petitioning the Court for an adoption order abo
Signature of Director's delegate or Lawyer       date (yyyy/mm/dd)       Childs signature         Name of Director's delegate or Lawyer (please PRINT)       Name of Child (please PRINT)         Affidavit of Execution of a Director or a Lawyer         My name is		
Signature of Director's delegate or Lawyer       date (yyyy/mm/dd)       Childs signature         Name of Directors delegate or Lawyer (please PRINT)       Name of Child (please PRINT)         Affidavit of Execution of a Director or a Lawyer         My name is		I consent to have my name changed to
Signature of Director's delegate or Lawyer       date (yyyy/mm/dd)       Childs signature         Name of Directors delegate or Lawyer (please PRINT)       Name of Child (please PRINT)         Affidavit of Execution of a Director or a Lawyer         My name is	names	
Affidavit of Execution of a Director or a Lawyer         My name is         Name of Director's delegate or Lawyer (please PRINT)         My address is         Business Address         I make oath and say:         I have the authority to act for a Director.         I am a Lawyer         1. I am satisfied that:         • the child has the capability to understand and appreciate the nature and consequences of the consent;         • the child is informed about the nature and consequences of the consent; and         • the consent represents what the child wants.         2. I witnessed the child sign the consent form.         SWORN BEFORE ME at         City or Town         Alberta on	date (yyyy/mm/dd) Childs signature	Signature of Director's delegate or Lawyer
My name is	Name of Child (please PRINT)	Name of Directors delegate or Lawyer (please PRINT)
My address is	ecution of a Director or a Lawyer	Affidavit o
My address is		My name is
Business Address         I make oath and say:         I have the authority to act for a Director.         I am a Lawyer         1. I am satisfied that:         • the child has the capability to understand and appreciate the nature and consequences of the consent;         • the child is informed about the nature and consequences of the consent;         • the consent represents what the child wants.         2. I witnessed the child sign the consent form.         SWORN BEFORE ME at         City or Town         Alberta on	ne of Director's delegate or Lawyer (please PRINT)	
I make oath and say:         I have the authority to act for a Director.         I am a Lawyer         1. I am satisfied that:         • the child has the capability to understand and appreciate the nature and consequences of the consent;         • the child is informed about the nature and consequences of the consent; and         • the consent represents what the child wants.         2. I witnessed the child sign the consent form.         SWORN BEFORE ME at	Business Address	My address is
<ul> <li>I am a Lawyer</li> <li>I am satisfied that:         <ul> <li>the child has the capability to understand and appreciate the nature and consequences of the consent;</li> <li>the child is informed about the nature and consequences of the consent; and</li> <li>the consent represents what the child wants.</li> </ul> </li> <li>I witnessed the child sign the consent form.     </li> <li>SWORN BEFORE ME at, Stamp of Commissioner for Oaths City or Town         <ul> <li>Alberta on</li> </ul> </li> </ul>		I make oath and say:
<ol> <li>I am satisfied that:         <ul> <li>the child has the capability to understand and appreciate the nature and consequences of the consent;</li> <li>the child is informed about the nature and consequences of the consent; and</li> <li>the consent represents what the child wants.</li> </ul> </li> <li>I witnessed the child sign the consent form.     Sworn BEFORE ME at</li></ol>		I have the authority to act for a Director
<ul> <li>the child has the capability to understand and appreciate the nature and consequences of the consent;</li> <li>the child is informed about the nature and consequences of the consent; and</li> <li>the consent represents what the child wants.</li> <li>I witnessed the child sign the consent form.</li> </ul> SWORN BEFORE ME at		I am a Lawyer
Alberta on	and consequences of the consent; and	<ul> <li>the child has the capability to under</li> <li>the child is informed about the nat</li> <li>the consent represents what the child is the consent represents what the child is informed about the child is a consent represent the child is a consent represent to the child is a consent to the child is a consent represent to the child is a consent to the chi</li></ul>
Alberta on	, Stamp of Commissioner for Oaths	SWORN BEFORE ME at
		Alberta on
Signature of Notary Public or Commissioner for Oaths		

### Consent by a Guardian to Adoption

Note: Use this form for a step-parent adoption or the adoption of a child under permanent guardianship.

In the Court of Queen's Bench of Alberta Judicial

District of

In the Matter of the Child, Youth and Family Enhancement Act, Section 59

Regard	ing the child				, Born
C	name as on birth docume	ent			date (yyyy/mm/dd)
1		Consent			
	name is				
		print name			
My	address is	ll mailing address			
т 1					
1 Kr	now that	s) of adopting parer	nt(s	)	
of					
-	full	l mailing address			
are	petitioning the Court for an adoption order regarding t	his child.			
•	I understand what an adoption order means.				
•	I understand that, unless I am the spouse or interdependent regarding the child.	t partner of the p	etit	tioner, tl	ne order will end all my rights and responsibilities
	I am a guardian of the child. I understand that once I sign this consent the petitioners become joint guardians of the child with me until an adoption order is granted.	OR			I was a guardian before the petitioner became the sole guardian of the child.
	I want to be served with the adoption application.	OR			I do not want to be served with the adoption application.
	I want to be served with a Notice of Adoption Hearing, If a Hearing is held because another party filed a Notice of Objection	OR			I do not want to be served with a Notice of Adoption Hearing.
•	I consent to the adoption order.				
•	I understand that I may cancel this consent within 10 days written notice to Adoption Services at (780)427-2048	of my signing it	by	giving	a written notice to a caseworker, or by faxing a
	Witnesses's signature	Date (yyyy/mm	/dd		Guardian's signature
	Name of Witness (please PRINT)				Name of Guardian (please PRINT)
2	Affid	avit of Execut	ioı	1	
	My name is				
		witness (please PF	RIN	T)	
	My address is	Address			
	I make oath and say:				
	I witnessed the guardian sign this consent form.				
	SWORN BEFORE ME at City or Town	,			Witness's signature
	City or Town			Stam	o of Commissioner for Oaths
	Date (yyyy/mm/dd)				
	Signature of Notary Public or Commissioner for Oath	15			

# **Consent by a Guardian to Adoption Note:** Use this form when adopting a child placed directly by the parent.

In the Court of King's Bench of Alberta Judicial District of \_\_\_\_\_

			, Born date (yyyy/mm/dd)
Name as or	n birth document		date (yyyy/mm/dd)
	Consent		
Iy name is	· .		
A 11 '	print name		
My address is	full mailing address		
know that			
	name(s) of adopting parent	(s)	
f	full mailing address		
re petitioning the Court for an adoption order r			
• I understand what an adoption order means.			
• I understand that, unless I am the spouse or interesponsibilities regarding the child.	erdependent partner of the p	etitioner,	the order will end all my rights and
I am a guardian of the child. I understand that became sign this consent the petitioners becom of the child with me until an adoption order is	ne joint guardians		I was a guardian before the petitioner the sole guardian of the child.
I want to be served with the adoption application	on. OR		I do not want to be served with the adoption application.
I want to be served with a Notice of Adoption of If a Hearing is held because another party fi Notice of Objection			I do not want to be served with a Notice Adoption Hearing.
• I consent to the adoption order.			
• I understand that I may cancel this consent with faxing a written notice to Adoption Services at	hin 10 days of my signing it (780)427-2048	by givin	g a written notice to a caseworker, or by
			Guardian's signature
Witnesses's signature	Date (yyyy/mm	/dd	Guardian's signature
Witnesses's signature Name of Witness (please PRINT)	Date (yyyy/mm	/dd	Name of Guardian (please PRINT)
	Date (yyyy/mm		
	Affidavit of Execut	ion	
Name of Witness (please PRINT) My name is	Affidavit of Execut	ion	
My name is	Affidavit of Execut	ion	
Name of Witness (please PRINT)         My name is         My address is         I make oath and say:	Affidavit of Execut Name of witness (please PRI Address	ion	
My name is	Affidavit of Execut Name of witness (please PRI Address	ion	
Name of Witness (please PRINT)         My name is         My address is         I make oath and say:         I witnessed the guardian sign this consent	Affidavit of Execut Name of witness (please PRI Address form.	ion	Name of Guardian (please PRINT)
Name of Witness (please PRINT)         My name is         My address is         I make oath and say:	Affidavit of Execut Name of witness (please PRI Address form.	ion	Name of Guardian (please PRINT)         Witness's signature



# **Family Medical History**

**Child Intervention** 

### Section 1: Child's Information

А.							
Last Name of Child	First Name of Child	Middle Name of	Child	Date of Birth:	Year	Month	Day
	Birthplace			_	Time of Birt	h (if known)	,
Gender: O Female O Male							
Religion	Has child been confin	med in child's faith?	If yes, give deta	ails			
	YesNo (	Unknown					
Racial Origin		Ethnic O	Drigin				
If Registered First Nation Individua		or Not Band N Applicable	lame	B	and Number		
If Métis (Métis settlement name or	community)						]
Physical description of child.							
Diagnosed birth or congenital healt	h problems of child.						

#### B. Background (if newborn do not complete)

Provide any information regarding where the child has lived, who parented the child, etc.

Describe relationship with family or other significant persons.

#### C. Development (if newborn do not complete)

Discuss academic achievement and social adjustment to school.

Provide copies of any psychological or psychiatric assessments which have been completed. Provide any known information regarding the child's emotional, social, developmental or cognitive functioning.

#### D. Personality (if newborn do not complete)

Discuss child's personality and behaviour.

#### Section 2: Birth Mother's Information

Last Name of Mother	First Name of Mother	Middle	Name of Mother	Date of Birth	Year	Month Day
Street Address		City or To	wn		Province	Postal Code
Birthplace			Religion			
Racial Origin			Ethnic Origin			
If Registered First Nation Individua	I (Registration Number)	¬ or Not	Band Name	<u>E</u>	Band Number	
		Applicable				
If Métis (Métis settlement name or	community)					
				<u> </u>		
Marital/Adult Interdependent Relat	ionship Status Physical Des	scription: He	eight Weight	Colour of	Eyes C	olour of Hair
Any unique features						
Education						
Employment						
Interests						
Personality						

Relationship with family	Re	latio	nship	with	familv
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#### Other Children Born to Birth Mother

Last Name	First Name	Middle Name	Date of Birth:	Year Month	Day Gender:	+
					Fema	le OMale 💶
Who is caring for the	ese children?					
Birth Mother's	parents, brothers and	sisters				
Last Name	First Name	Middle Name	Date of Birth:	Year Month	Day Gender:	+
					Femal	le 🔿 Male 🗖
Describe any specia	al talents, skills, traits within t	he family.				
Additional comment	s of birth mother.					
Date yyyy-mm-dd		Signature of Birth Mother				

#### Section 3: Birth Mother's Medical Information

Describe the mother's general state of health.

Describe physical, mental, emotional or medical conditions.

Describe any treatment obtained for the conditions described above.

Describe extent of use of any drugs, alcohol or tobacco (including prenatal use).

Describe prenatal care received by mother	Describe	e prenata	l care	received	by	mother
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Describe any significant physical, mental, emotional or medical conditions within the extended family and any treatment obtained.

### Section 4: Birth Father's Information

Last Name of Father	First Name of Father	Middle	Name of Fath	er	Date of Birth:	Year	Month Day
Street Address		City or To	wn			Province	Postal Code
Birthplace			Religion				
De siel Osisis							
Racial Origin			Ethnic Origin				
li De vietere di Einst Nietien la dividue l	(Denistration Namelan)		David Marris				
If Registered First Nation Individual		or Not Applicable	Band Name			and Number	
If Métis (Métis settlement name or	community)						
Marital/Adult Interdependent Relati	onship Status Physical D	escription: He	eight	Weight	Colour of	Eves C	Colour of Hair
		· [	Ĭ			Ť Γ	
Any unique features							
Education							
Employment							
Interests							
Personality							
Relationship with family							

#### Other Children Born to Birth Father

Last Name	First Name	Middle Name	Date of Birth:	Year	Month	Day	Gender:		+
							Female	OMale	-
Who is caring for these c	hildren?								
Birth Father's parents, brothers and sisters									
Last Name	First Name	Middle Name	Date of Birth:	Year	Month	Day	Gender:		+
							Female	⊖ Male	-
Describe any special tale	Describe any special talents, skills, traits within the family.								
Additional comments of b	birth father								
Date yyyy-mm-dd		Signature of Birth Father							
Section 5: Birth Fat	Section 5: Birth Father's Medical Information								
Describe the father's general state of health.									
Describe physical, mental, emotional or medical conditions.									
Describe any treatment obtained for the conditions described above.									
Describe extent of use of any drugs, alcohol or tobacco.									

Describe any significant physical, mental, emotional or medical conditions within the extended family and any treatment obtained.

Section 6: Adoption Information		
Describe the relationship between the birth parents.		
Describe the circumstances surrounding the decision to c	noose adoption.	
Is a letter, picture or gift being left for the child?	es ()No	
Please give details		
Have the birth parents been given background information	n about the adoptive family?	()Yes ()No
Please give details		
Have the birth parents prepared a contact preference?	○ Yes ○ No	
If yes, attach the contact preference.		
Have the birth parents been given background information	n about the adoptive family?	Yes No
Please give details	. ,	$\sim$
Additional comments of person preparing history.		
Prepared by	Date yyyy-mm-dd	Signature
Reviewed by	Date yyyy-mm-dd	Signature