North Eastern Ontario
Family and Children's Services
Services à la famille et à l'enfance
du Nord-Est de l'Ontario

Adoption Records Request Form

North Eastern Ontario Family and Children's Services (NEOFACS) provides access to information according to Part X of the *Child, Youth and Family Services Act* (CYFSA) and the *Access to Adoption Records Act*. For further information regarding the Access to Information and Disclosure practices of the agency, please go to our website at www.neofacs.org/access-to-information.

Please complete all sections of this form. If a section does not apply to you, mark N/A. Note that incomplete forms may result in delays.

Contact Information of Requester	
Last Name:	
First Name:	**Middle Name(s):**
Other and/or Previous Names:	
Date of Birth *(DD/MM/YYYY)***:**	
Address *(Street Number and Name/City/Province/Postal Code)***:**	
Phone Number:	**Email Address:**

**When an email address is provided, this indicates that you consent to the Agency communicating with you via email.*

Applicant Type			
☐ Adoptee	☐ Birth Parent	☐ Birth Sibling	☐ Adoptive Parent
☐ Other:			

Adopted Person's Information		
Post Adoption Last Name:	**Post Adoption First Name:**	**Post Adoption Middle Name(s):**
Other and/or Previous Post Adoption Names:		**Date of Birth** *(DD/MM/YYYY)***:**
Pre Adoption Last Name:	**Pre Adoption First Name:**	**Pre Adoption Middle Name(s):**

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Birth Parent 1		
Last Name:	**First Name:**	**Middle Name(s):**
Other and/or Previous Names:		**Date of Birth** *(DD/MM/YYYY)*:

Birth Parent 2		
Last Name:	**First Name:**	**Middle Name(s):**
Other and/or Previous Names:		**Date of Birth** *(DD/MM/YYYY)*:

Adoptive Parent 1		
Last Name:	**First Name:**	**Middle Name(s):**
Other and/or Previous Names:		**Date of Birth** *(DD/MM/YYYY)*:

Adoptive Parent 2		
Last Name:	**First Name:**	**Middle Name(s):**
Other and/or Previous Names:		**Date of Birth** *(DD/MM/YYYY)*:

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Additional Information *To ensure the most thorough and accurate search of our records*
Please indicate the name(s) and birth date(s) of your siblings:
Please indicate the name(s) and birth date(s) of your child(ren):
Please list your previous addresses (list addresses that may coincide with the records you are requesting):
In order to help us best meet your needs, please indicate if you are seeking specific information and/or records:

Please attach a separate sheet if more space is needed.

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Declaration and Submission

Please sign below and attach a copy of one (1) piece of valid government issued photo identification (ID). The photo ID must be clear and legible. Note that your request may be delayed if this form is incomplete and/or your ID is illegible.

To submit your request, please send your documents by email to disclosure@neofacs.org.

You may also submit your documents in person at one of our NEOFACS offices or by mail to:

ATTN: NEOFACS Disclosure Department
707 Ross Avenue East
Timmins, ON P4N 8R1

If you have any questions or require assistance or accommodations, please contact our Intake Department at 705-360-7100 or 1-866-229-KIDS (5437).

Signature: **Date:**