## Yukon Health and Social Services Government of Yukon

# CANCEL A DISCLOSURE VETO OR NO-CONTACT DECLARATION

Pertaining to an Adopted Person or Birth Parent





### CANCEL A DISCLOSURE VETO OR NO-CONTACT DECLARATION Pertaining to an Adopted Person or Birth Parent

The information on this form is collected under the authority of the *Child and Family Services Act* (Sec.143). The information provided will be used to fulfill the requirements of the *Child and Family Services Act* for the release of adoption information. If you have any questions about the collection or use of this information, please contact Family and Children's Services at 867-667-3002, or write to the mailing address shown on the back of this form.

APPLICANT'S DATE OF BIRTH			APPLICANT'S P	NUMBER		APPLICANT BORN IN YUKON?		
DAY	MONTH YEAR					YES NO		
SURNAME				GIVEN NAME(S)				
MAILING A	DDRESS							
CITY/PROV	//TERR/STAT	E/COUNTRY			POST	AL CODE		
HOME PHO	ONE NUMBE	R		WORK PHONE NU	JMBER .			
(	)	-		( )	-			
I AM	ONI A	ADOPTED PERSO (18 years or older)	COMPLI	ETE SECTION A		BIRTH PA (of adopte 18 years o	d person	COMPLETE SECTION B
			opted person – as a	applicant (PLEA:	SE PRINT)			
NAME ON CERTIFICATE AFTER ADOPTION SURNAME: GIV			GIVEN N.	NAME(S) MALE FEMALE			DATE OF B DAY	IRTH MONTH YEAR
BIRTHPLACE (CITY/PROV/TERR/STATE/COUNTRY)					PLACE OF ADOPTION (CITY/PROV/TERR/STATE/COUNTRY)			
SURNAME OF ADOPTIVE FATHER GIVEN NAME(S)					BIRTHPLACE OF ADOPTIVE FATHER (CITY/PROV/TERR/STATE/COUNTRY)			
MAIDEN NAME OF ADOPTIVE MOTHER GIVEN NAME(S)					BIRTHPLACE OF ADOPTIVE MOTHER (CITY/PROV/TERR/STATE/COUNTRY)			
BIRTH NAI (IF KNOWN)	BIRTH NAME GIVEN NAME(S) F KNOWN)			AME(S)	BIRTH REGISTRATION NUMBER (FROM BIRTH CERTIFICATE)			
SECTIO	<b>ON B</b> : to	be completed by bir	rth parents – as app	licant (PLEASE	PRINT)			
PARTI	CULARS	S OF BIRTH PA	RENTS (AT TIM	E OF ADOP1	TED PERSO	N'S BIRT	TH)	
` -					AIDEN NAME OF BIRTH MOTHER GIVEN NAME(S)			
DATE OF E	BIRTH MONTH	YEAR	BIRTHPLACE (CITY/PROV/TERR/STATE/		E OF BIRTH MONTH	YEAR		BIRTHPLACE (CITY/PROV/TERR/STATE/COUNTRY)
PARTI	CULARS	S OF ADOPTED	PERSON PRIC	R TO ADOP	TION			
SURNAME		GIVEN NAME(S)		MALE DAT	E OF BIRTH MONTH	YEAR		BIRTHPLACE (CITY/PROV/TERR/STATE/COUNTRY)
NAME OF	ADOPTED PR	ERSON FOLLOWING ADO	OPTION (IF KNOWN)	<u> </u>				

WRITTEN SIGNATURE OF APPLICANT (DO NOT PRINT)

#### Cancel a Disclosure Veto or No-Contact Declaration (Child and Family Services Act)

Under section 143(5) of the *Child and Family Services Act*, a person who files a disclosure veto, or under section 144(7), a person who files a no-contact declaration may cancel the declaration or veto at any time by notifying, the Director of Family and Children's Services in writing.

#### **MAKING A FALSE STATEMENT**

Under Section 155 of the *Child and Family Services Act*, a person must not make a statement that the person knows to be false or misleading in an application, or in connection with an application for a copy of a birth registration, or other records under Part 5 of the *Child and Family Services Act*, from Family and Children's Services, or for filing a disclosure veto, or no-contact declaration.

A person who contravenes this section of the *Act* commits an offence and is liable on conviction to a fine of up to \$10,000 or up to one year of imprisonment or both.

l,		_ do solemnly declare that I				
	(Please Print Full Given Names and Surname)	-				
wish	to cancel my:					
	DISCLOSURE VETO Under Section 143 of the <i>Child and Family Services Act</i> I do hereby permit the disclosure of birth and adoption records.					
	NO-CONTACT DECLARATION Under section 144 of the <i>Child and Family Services Act</i> I do hereby permit the disclosure of birth maintained by Family and Children's Services under Section 143 of the <i>Child and Family Services</i> .	-				
	Signature of Declarant	Data				

#### TO AVOID DELAY

- Complete the appropriate section in full and attach a photocopy of your Birth Certificate. (All requests with incomplete
  information must be accompanied by a written explanation for the omission. If any portion of the relevant event information is left
  blank the application will be returned for completion.)
- Be sure you are authorized to make the request.
- Be sure your address and telephone number are correct and clear.
- The fee to rescind a Disclosure Veto or No-Contact Declaration is paid for by Family and Children's Services.

#### **MAILING ADDRESS**

Adoption Disclosure Family and Children's Services Department of Health and Social Services Government of Yukon 4<sup>th</sup> Floor, Royal Centre 4114-4<sup>th</sup> Avenue, Whitehorse, Yukon Y1A 4N7 Telephone: 867-667-3002 Fax: 867-393-6204 Business Hours are:

Monday to Friday 8:30 a.m. to 5:00 p.m.

Web Site: www.hss.gov.yk.ca