

Yukon Health and Social Services
Government of Yukon

**NO-CONTACT DECLARATION AND
STATEMENT**

Pertaining to an Adopted Person or Birth Parent



**NO-CONTACT DECLARATION AND STATEMENT
Pertaining to an Adopted Person or Birth Parent**

The information on this form is collected under the authority of the *Children and Family Services Act* (Sec. 143). The information provided will be used to fulfill the requirements of the *Children 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.

INFORMATION ABOUT THE PERSON APPLYING

APPLICANT'S DATE OF BIRTH DAY MONTH YEAR	APPLICANT'S PERSONAL HEALTH NUMBER	APPLICANT BORN IN YUKON? <input type="checkbox"/> YES <input type="checkbox"/> NO
SURNAME		GIVEN NAME(S)
MAILING ADDRESS		
CITY/PROV/TERR/STATE/COUNTRY		POSTAL CODE
HOME PHONE NUMBER () -	WORK PHONE NUMBER () -	

I AM ADOPTED PERSON (18 years or older) COMPLETE SECTION A BIRTH PARENT (of adopted person 18 years or older) COMPLETE SECTION B

SECTION A: to be completed by **adopted person** – as applicant (PLEASE PRINT)

NAME ON CERTIFICATE AFTER ADOPTION SURNAME:	GIVEN NAME(S)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH DAY 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 NAME (IF KNOWN)	GIVEN NAME(S)	BIRTH REGISTRATION NUMBER (FROM BIRTH CERTIFICATE)	

SECTION B: to be completed by **birth parents** – as applicant (PLEASE PRINT)

PARTICULARS OF BIRTH PARENTS (AT TIME OF ADOPTED PERSON'S BIRTH)			
SURNAME OF BIRTH FATHER		MAIDEN NAME OF BIRTH MOTHER	
GIVEN NAME(S)		GIVEN NAME(S)	
DATE OF BIRTH DAY MONTH YEAR	BIRTHPLACE (CITY/PROV/TERR/STATE/COUNTRY)	DATE OF BIRTH DAY MONTH YEAR	BIRTHPLACE (CITY/PROV/TERR/STATE/COUNTRY)
PARTICULARS OF ADOPTED PERSON PRIOR TO ADOPTION			
SURNAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHPLACE (CITY/PROV/TERR/STATE/COUNTRY)
GIVEN NAME(S)		DATE OF BIRTH DAY MONTH YEAR	
NAME OF ADOPTED PERSON FOLLOWING ADOPTION (IF KNOWN)			

SIGNATURE OF APPLICANT: X _____
WRITTEN SIGNATURE OF APPLICANT (DO NOT PRINT)

Family and Children's Services - No-Contact Declaration and Statement

- Under Section 144 of the *Child and Family Services Act*, a birth parent who is named in an original birth registration and who wishes not to be contacted by the person named as the child in the registration may apply to the Director of Family and Children's Services to file a written no-contact declaration.
- An adopted person 18 years of age or older who wishes not to be contacted by a birth parent named on a birth registration may apply to the Director of Family and Children's Services to file a written no-contact declaration.
- When an applicant applies to the Director of Family and Children's Services under this Part, they must supply any proof of identity required by the Director, and the Director must file the no-contact declaration.
- The Director of Family and Children's Services must not give a person to whom a no-contact declaration relates a copy of a birth registration or other record naming the person who filed the declaration unless the person applying has signed an undertaking in the prescribed form.
- A person who is named in a no-contact declaration and has signed an undertaking must not:
 - o Knowingly contact or attempt to contact the person who filed the declaration;
 - o Procure another person to contact the person who filed the declaration;
 - o Use information obtained under this *Act* to intimidate or harass the person who filed the declaration; or
 - o Procure another person to intimidate or harass, by the use of information obtained under this *Act*, the person who filed the declaration.
- A person who files a no-contact declaration may file with it a written statement that includes any of the following:
 - o The reason for wishing not to be contacted;
 - o In the case of a birth parent, a brief summary of any available information about the medical and social history of the birth parents and their families; or
 - o Any other relevant non-identifying information.
- When a person to whom a no-contact declaration relates is given a copy of a birth registration, the Director of Family and Children's Services must give the person applying the information that is in any written statement filed with the declaration.
- A person who files a no-contact declaration may cancel the declaration at any time by notifying, in writing, the Director of Family and Children's Services.

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 record under Part 5 of the *Child and Family Services Act*, 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.**

Having read and understood the above section of the *Act*,

I _____ do solemnly declare that I wish to

(Please Print Full Given Names and Surname)

register a NO-CONTACT DECLARATION prohibiting my contact as specified by the *Child and Family Services Act*.

