

Yukon Health and Social Services  
Government of Yukon

**STATUTORY DECLARATION AND  
UNDERTAKING**

**Pertaining to a No-Contact Declaration as  
filed under the *Child and Family Services Act***



## STATUTORY DECLARATION AND UNDERTAKING

### Pertaining to a No-Contact Declaration as filed under the *Child and Family Services Act*

The information on this form is collected under the authority of the *Child and Family Services Act* (Sec. 143). The information 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 in Whitehorse, or 1-800-661-0408, ext. 3002, or write to the mailing address on 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 <span style="float: right;">GIVEN NAME(S)</span>		
MAILING ADDRESS		
CITY/PROV/TERR/STATE/COUNTRY		POSTAL CODE
HOME PHONE NUMBER (       )       -	WORK PHONE NUMBER (       )       -	

#### MAKING A FALSE STATEMENT:

Under Section 155 of the *Child and Family Service 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**.

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

I \_\_\_\_\_ do solemnly declare that;  
(Please Print Full Given Names and Surname)

I will not:

1. Knowingly contact or attempt to contact the person who filed the declaration;
2. Procure another person to contact the person who filed the declaration;
3. Use information obtained under Part 5 of the *Child and Family Services Act* to intimidate or harass the person who filed the declaration; or
4. Procure another person to intimidate or harass, by the use of information obtained under Part 5 of the *Child and Family Services Act*, the person who filed the declaration.

I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

Declared before me at \_\_\_\_\_  
Signature of Declarant

in the Yukon Territory, this \_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_  
 Signature of lawyer, Notary Public or Commissioner for Taking Affidavits

**NOTE:** legislation allows those who are specifically authorized to witness signatures to charge a fee for this service. You may wish to check with the office in advance to determine this fee.

#### 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  
 Whitehorse, YT 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](http://www.hss.gov.yk.ca)