

Yukon Health and Social Services
Government of Yukon

**IDENTIFICATION PARTICULARS OF
ADOPTED PERSON**



IDENTIFICATION PARTICULARS OF ADOPTED PERSON YUKON GOVERNMENT

In the Supreme Court of Yukon

And

In the Matter of 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.

SUPREME COURT REGISTRY COURT REGISTRY NUMBER

ORIGINAL BIRTH INFORMATION

(Or current information on a recognized legal change of name) Male Female

Last Name	Given Name(s)	Date of Birth	Day	Month (by name)	Year
Place of Birth (City/Town)	Province/Territory (or country if outside of Canada)	Birth Registration Number			

TYPE OF ADOPTION

DATE ADOPTION ORDER GRANTED

<input type="checkbox"/> Single <input type="checkbox"/> Two Parent <input type="checkbox"/> Step Parent	Day Month (by name) Year
--	--------------------------------

POST – ADOPTION INFORMATION

Please check one of the following:	
<input type="checkbox"/> Adoptive Parent	<input type="checkbox"/> Birth Father
If an Adoptive Parent, check one of the following:	
<input type="checkbox"/> Male	<input type="checkbox"/> Female
Last Name	Given Name(s)
Date of Birth	Day Month (by name) Year
Place of Birth (City/Town)	Province/Territory (or country if outside Canada)
Business Telephone Number (if applicable for daytime contact)	
() -	

Please check one of the following:	
<input type="checkbox"/> Adoptive Parent	<input type="checkbox"/> Birth Mother
If an Adoptive Parent, check one of the following:	
<input type="checkbox"/> Male	<input type="checkbox"/> Female
MAIDEN Name	Given Name(s)
Date of Birth	Day Month (by name) Year
Place of birth (City/Town)	Province/Territory (or country if outside Canada)
Business Telephone Number (if applicable for daytime contact)	
() -	

Mailing Address of Adoptive Parents	Apartment number	Street Address
City/Town	Province/Territory	Postal Code Home Telephone Number

INFORMATION ABOUT ADOPTED PERSON

Last Name given to adopted person (as per Adoption Order)	Given Name(s)
---	---------------

I hereby certify that the particulars contained herein are in accordance with the information on record in this Court Registry.

Dated at _____, this _____ day of _____, A.D. _____

(Signature of Court Registrar)

MAILING ADDRESS	Adoption Disclosure Family and Children's Services Department of Health and Social Services Government of Yukon 4 th Floor, Royal Centre 4114-4 th 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
------------------------	---	--