

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. 144). 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		GIVEN NAME(S)	
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
4th Floor, Royal Centre
4114-4th Avenue, Whitehorse, Yukon Y1A 4N7
Whitehorse, YT Y1A 4N7
YG(5651EQ)F2 04/2010

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