

Yukon Health and Social Services
Government of Yukon

**Accessing Adoption Records From
Yukon Government,
Family and Children's Services
Under the *Child and Family Services Act*:**

Filing An Application For Service



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Children's Services Under the *Child and Family Services Act*:
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**ACCESS TO YUKON GOVERNMENT FAMILY AND CHILDREN'S SERVICES
ADOPTION RECORDS UNDER THE *CHILD AND FAMILY SERVICES ACT***

This guide explains the release of adoption records under the *Child and Family Services Act* and how to file the enclosed Application for Service Pertaining to an Adopted Person or Birth Parent Form. Additional forms may be obtained from Family and Children's Services in Whitehorse. The address of Family and Children's Services is listed below. Staff in this office can provide information and guidance regarding the requirements for filing this application for service form.

ACCESS TO ADOPTION INFORMATION

Over the last few decades societal attitudes toward adoption have changed. Increasingly, people involved in adoptions want greater openness and access to information.

Many adopted people want to know about their biological origins and cultural heritage. Birth parents also want information about the current health and well-being of children for whom they made an adoption plan. Adopted people and birth parents sometimes want to meet one another.

The *Child and Family Services Act* provides for greater openness in adoption. When changes to the *Act* come into effect on April 30, 2010, adopted people and birth parents will be able to apply to obtain Yukon adoption records on file with Family and Children's Services.

ELIGIBILITY UNDER THE *CHILD AND FAMILY SERVICES ACT*

The option of filing an application for service is available to adopted people 19 years of age or older and to birth parents when the adopted child has reached 19 years of age.

WHAT RECORDS ARE AVAILABLE TO ELIGIBLE APPLICANTS?

People who were born and adopted in Yukon will receive upon request a copy of their original birth registration in their birth name (including the names of any birth parents on record) and a copy of their adoption order provided a disclosure veto has not been filed.

Birth parents of people born and adopted in Yukon will receive upon request a copy of the adopted person's original birth registration, a copy of the adopted person's birth registration following adoption including any change of name consequent to the adoption, and a copy of the adoption order.

Adopted people who were not born in Yukon but were adopted in the Territory, will receive upon request a copy of the adoption order and any identification particulars of the adopted person following the adoption.

Before any adoption record is released to a birth parent, all identifying information pertaining to adoptive parents is deleted to protect their right to privacy.

WHAT ARE THE FEES AND ACCOMPANYING IDENTIFICATION REQUIRED FOR THIS SERVICE?

There is no fee for search of records or for copies of birth registration and adoption orders. **As proof of identity, applicants are required to attach a photocopy of their birth certificate** to the Application for Service Pertaining to an Adopted Person or Birth Parent Form. All applicants are requested to fill out this form to the best of their ability. Applicants should expect a turnaround time of approximately four to six weeks for the release of their documents.

LIMITATIONS

When a search for adoption records is successful but a disclosure veto has been filed under Section 143 of the *Child and Family Services Act*, Family and Children's Services will release adoption records provided the information contained in the records does not allow for the identification of the person filing the disclosure veto. Where a written statement has been filed by an adopted person or a birth parent who has filed a disclosure veto, Family and Children's Services will forward this statement to the other applicant.

When a search for adoption record is successful but a no-contact declaration filed under Section 144 of the *Child and Family Services Act* exists, Family and Children's Services will contact the applicant and advise them of the situation. The applicant will be provided with a Statutory Declaration and Undertaking Form (requiring notarization of the undertaking), that specifies the conditions under which information will be released. Only after processing the undertaking will the adoption information be released, including a copy of any written statement filed with the no-contact declaration. Failure to submit the undertaking in the form required will result in the information not being released.

The filing of a disclosure veto or no-contact declaration applies only to records held by Family and Children's Services.

WRITTEN STATEMENT

In recognition of the importance of information to an adopted person or birth parent, the person filing a disclosure veto or no-contact declaration has the option of filing a written statement with Family and Children's Services. This written statement may include social, medical, and health information, and possibly, information on why contact or disclosure of identifying information is not desired at this time. Where a written statement has been filed by an adopted person or a birth parent who has filed a disclosure veto or no-contact declaration, Family and Children's Services will forward this statement to the applicant upon completion of the processing of their application for birth registration and adoption order information.

IMPORTANT INFORMATION

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.

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* 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 for a first offence to a fine of up to **\$10,000, a term of imprisonment of up to one year or to both**.

MAILING ADDRESS

Adoption Disclosures
Family and Children's Services
Department of Health and Social Services
Government of Yukon
4th Floor, Royal Centre
4114 - 4th Avenue
Whitehorse, YT Y1A 4N7

Telephone: 867-667-3002
Fax: 867-393-6204
Business Hours are:
Monday to Friday 8:30 am to 5:00 pm
Web Site: www.hss.gov.yk.ca

APPLICATION FOR SERVICE

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 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 () - -	

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 GIVEN NAME(S)		MAIDEN NAME OF BIRTH MOTHER 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 GIVEN NAME(S)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH DAY MONTH YEAR	BIRTHPLACE (CITY/PROV/TERR/STATE/COUNTRY)
NAME OF ADOPTED PERSON FOLLOWING ADOPTION (IF KNOWN)			

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