

Application for Statement of Original  
Registration of Birth by the Adult Child  
of a Deceased Adoptee



Department of Social Development

**POST ADOPTION DISCLOSURE SERVICES**

The information collected on this form is collected under the authority of the *Family Services Act* and will be used to fulfill the requirements of this Act for the release of information relating to adoptions.

**Questions: call 1-844-851-0999 (toll-free in Canada and the U.S.)**

**Email: [postadoptionsservices@gnb.ca](mailto:postadoptionsservices@gnb.ca)**

<p><b>To submit your form</b> Mail: Post Adoption Disclosure Services Department of Social Development P.O. Box 6000, Fredericton, N.B. Canada E3B 5H1</p>	<p><i>Office Use Only</i></p> <p>Date Received:</p>
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**Applicant Identification and Proof of Death Requirements**

If you (the applicant) were born in New Brunswick, please provide a clear copy of your birth certificate and one piece of current government-issued photo identification with your application.

If you (the applicant) were born outside of New Brunswick, please provide a clear copy of your long form birth certificate, which must include the name(s) of your parent(s), and one piece of current government-issued photo identification with your application.

Your photocopied identification must be verified and signed by a witness (see page four for guidelines). If the copy is not clear, the application will be returned to you.

Proof of Death: **For deaths occurring in New Brunswick**, a funeral home certificate of death or a death certificate is required. For deaths occurring outside of New Brunswick, a death certificate is required.

**PART 1:**

<b>Applicant Information</b>			
First name	Middle name(s)	Current surname	
Maiden names (if applicable)			
Date of birth Year /Month /Day		Was the applicant born in New Brunswick? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Birth registration number (from birth certificate)		If not, a long form birth certificate including the name(s) of the parent(s) and place of birth must be provided.	
Mailing address: Apartment number/Street number and name			
City/Town	Province/State	Country	Postal/Zip code
Home telephone number Country code ( ) ( )	Work telephone number Country code ( ) ( )	Cell telephone number Country code ( ) ( )	
Email address			

**PART 2:**

<b>Adoptee's Birth Information – Complete all known information</b>		
Adoptee's birth name	Adoptee's date of birth Year /Month /Day	Adoptee's place of birth
	Birth registration number (from birth certificate)	
Adoptive mother's full name	Adoptive mother's date of birth Year/Month/Day	
	Adoptive mother's maiden name, if applicable:	
Adoptive father's full name	Adoptive father's date of birth Year/Month/Day	

**Declaration**

I understand and acknowledge the following:

- I am identifying myself as the adult child of a deceased adoptee.
- The Statement of Original Registration of Birth cannot be released until after the adoptee has turned 19.
- If a disclosure veto exists against the release of an individual's identifying information, that information will not be released until one year after their death.
  - If a veto is not filed and you are the adult child of a deceased adoptee, their information may be released to you.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Date

If your information changes, contact Post Adoption Disclosure Services to update your file.

<p><b>ID that is included:</b> <input type="checkbox"/> Birth certificate <input type="checkbox"/> Driver's Licence <input type="checkbox"/> Passport <input type="checkbox"/> Other * Remember to have a witness verify your photocopied identification documents</p>
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## Information about the Witness

PLEASE NOTE: FAILURE TO HAVE A WITNESS VERIFY YOUR PHOTOCOPIED IDENTIFICATION DOCUMENTS WILL MEAN THAT YOUR FORM CAN NOT BE PROCESSED.

For your form to be processed it must be accompanied by a photocopy of two valid pieces of government-issued identification: a birth certificate and one piece of current government-issued photo identification. Your photocopied identification must be verified and signed by a witness. An acceptable witness is a Commissioner of Oaths, a Notary Public or a designated professional.

- A Notary Public can usually be found in a law office.
- A Commissioner of Oaths may be found in the offices of:
  - Real estate agents or general insurance agents
  - Professional accountants
  - Rural post offices
  - Municipal offices
  - Police officers

**Note:** An appointment may be required and there may be a fee for this service.

- For the purposes of witnessing your signature on Part 1 and for verifying the photocopy of your identification documents, a designated professional is considered to be one of the following:
  - Dentist/Medical doctor/Chiropractor/Optometrlist/Psychologist
  - Lawyer
  - Minister of religion
  - Pharmacist
  - Principal or teacher at a primary or secondary school
  - Judge/Magistrate/Police officer/RCMP officer
  - Justice of the Peace
  - Postmaster
  - Professional accountant who has a designation
  - Signing officer or manager at a bank, credit union, trust company, or other financial institution
  - Senior administrator, teacher, professor at a community college or university
  - Veterinarian
  - Social worker
  - Chief of First Nations band
  - Funeral director
  - Nurse practitioner/Registered nurse
  - Member of Parliament
  - Member of the Provincial Legislature
  - Municipal official
  - Official of a federal government department or provincial government department, or one of its agencies
  - Official of an embassy or consulate
  - Professional engineer

**\*\*\*IMPORTANT:** Your witness must sign and date the photocopy of your identification. **Your witness must also provide contact information**, including her or his occupation or designation, place of employment, address and a **daytime telephone number** where she or he can be reached. A Commissioner of Oaths must provide a commission expiry date.