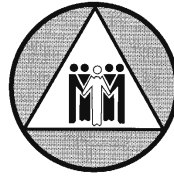


| | |
|-------------|-------------|
| RECEIPT NO. | REUNION No. |
| DATE | DATE |



| | |
|-------------------|----------|
| APPLICATION SENT | CARD |
| APPLICATION REC'D | COMPUTER |

PARENT FINDERS

National Capital Region, Inc.

PO. Box 21025, Ottawa South Postal Outlet, Ottawa, Ontario K1S 5N1 • Telephone: (613) 730-8305 • Fax: (613) 730-0345

E-Mail: pfncr@yahoo.com • Web Site: www.parentfindersottawa.ca

PRESENT NAME _____ MAIDEN NAME _____

SPOUSE'S NAME _____

ADDRESS _____ CITY _____ PROV. _____

POSTAL CODE _____ RES. PHONE () _____ BUS. PHONE () _____

OCCUPATION _____ E-MAIL _____

STATUS (Circle) ADOPTEE BIRTH PARENT ADOPTIVE PARENT FOSTERED PERSON

OTHER _____

THE ADOPTEE

Name at Birth: _____ Sex _____

Birth Date: Month _____ Day _____ Year _____

City _____ Prov. _____ Hospital _____

Single Birth? _____ If twins, were they adopted together? _____ Religion _____

Baptized? _____ When? _____ Where? _____

THE BIRTH PARENTS (IF KNOWN)

(At time of the birth)

BIRTH MOTHER

BIRTH FATHER

| | | |
|-------|---------------------|-------|
| _____ | FULL NAME | _____ |
| _____ | DATE OF BIRTH / AGE | _____ |
| _____ | MARITAL STATUS | _____ |
| _____ | RELIGION | _____ |
| _____ | NATIONALITY | _____ |
| _____ | EDUCATION | _____ |
| _____ | OCCUPATION | _____ |

THE ADOPTION (IF KNOWN)

Adoption was: private placement _____ Lawyer/Doctor involved: _____

agency placement _____ Social Worker involved: _____

Adoption was completed at: city _____ province _____

Placement in adoptive home: Month _____ Day _____ Year _____

Adoption completion date: Month _____ Day _____ Year _____

TURN OVER

THE ADOPTIVE FAMILY (IF KNOWN)

ADOPTIVE MOTHER

ADOPTIVE FATHER

| | | |
|--|---------------------|--|
| | FULL NAME | |
| | DATE OF BIRTH / AGE | |
| | RELIGION | |
| | NATIONALITY | |
| | OCCUPATION | |

DOES THE ADOPTEE HAVE ANY BROTHERS OR SISTERS IN EITHER BIRTH OR ADOPTIVE FAMILY? (IF KNOWN)

| FULL NAME | BIRTH NAME | DATE OF BIRTH | PLACE | ADOPTED? | SEX |
|-----------|------------|---------------|-------|----------|-----|
| | | | | | |
| | | | | | |
| | | | | | |

HAVE YOU REQUESTED BACKGROUND INFORMATION? - Y/N _____ DATE _____ REC'D - Y/N _____

ARE YOU REGISTERED IN ANY PROVINCIAL REGISTRY? _____ DATE _____

IN ONTARIO, HAVE YOU APPLIED FOR POST ADOPTION/ORIGINAL BIRTH INFORMATION? _____ DATE _____

ENCLOSE COPIES OF ALL "NON-IDENTIFYING INFORMATION" AND "ADOPTION ORDER" IF AVAILABLE, PLUS MEMBERSHIP FEE OF \$50.00 OR \$75.00 (OUTSIDE CANADA)

I HEARD OF **PARENT FINDERS**, NCR FROM: _____

MEMBERSHIP FEE ENCLOSED _____ DONATION _____

I UNDERSTAND AND AGREE THAT MY SEARCH IS MY OWN MORAL, LEGAL, AND FINANCIAL RESPONSIBILITY. I GIVE **PARENT FINDERS** PERMISSION TO PUBLISH MY PERSONAL ADOPTION RELATED INFORMATION ON ADOPTION SEARCH DATA BASES AND IN THE **PARENT FINDERS** NEWSLETTER. INFORMATION IN MY FILE WILL NOT BE RELEASED TO A THIRD PARTY WITHOUT MY CONSENT.

DATE _____ SIGNATURE _____

**** VERY IMPORTANT **** CONTACT NAME (NOT SOMEONE AT THE SAME ADDRESS): _____

PHONE () _____

NOTES: _____

Parent Finders is staffed by unpaid volunteers - It receives no funding from the Government - Fees are used for operating costs only.