



Request for **Former Child in Care and/or Adoption Records**

The Children's Aid Society of Ottawa (the Society) provides Access to Information according to the provisions of Part X of the Child, Youth and Family Services Act (CYFSA) and the Access to Adoption Records Act. For further information regarding the Access to Information and Disclosure practices of the Society, please go to our website at www.casott.on.ca/en/access-to-information-and-disclosure

Please complete all sections of this form. If a section does not apply to you, mark N/A. Note that incomplete Request for Records forms may result in delays.

Preferred Language of Service: **English** **French**

Your Contact Information

Surname (Last Name):		
First & Middle Name(s):		
Date of Birth (DD/ MM /YYYY):	Other Names/Alias:	
Address:		Postal Code:
City:	Prov:	Country:
Telephone (H):	Telephone (W):	Telephone (Cell):
E-mail:		

***When an E-mail address is provided, this indicates that you consent to the Society communicating with you via E-mail.*

Requesting Information regarding: Former Child in Care
 Adoption File (**please indicate below*)

Are you: Adoptee Birth Parent Birth Sibling Adoptive Parent Other Birth Relative _____

Birth Parent 1

Surname (Last Name):	
First & Middle Name (s):	
Date of Birth (DD/ MM /YYYY):	Other names/alias used:

Birth Parent 2

Surname (Last Name):	
First & Middle Name (s):	
Date of Birth (DD/ MM /YYYY):	Other names/alias used:

Adoptive Parent 1

Surname (Last Name):	
First & Middle Name (s):	
Date of Birth (DD/ MM /YYYY):	Other names/alias used:

Adoptive Parent 2

Surname (Last Name):	
First & Middle Name (s):	
Date of Birth (DD/ MM /YYYY):	Other names/alias used:

Additional Information - To ensure the most thorough and accurate search of our records:

Please indicate the name(s) and birth date(s) of your siblings:

----- ----- -----

Please indicate the name(s) and birth date(s) of your child(ren):

----- ----- -----

Please list your previous addresses (list addresses that may coincide with the records you are requesting):

----- ----- -----

In order to help us best meet your needs, please indicate if you are seeking specific information and/or records:

----- ----- ----- -----

* Please attach a separate sheet if more space is needed.

Please sign below and attach a *copy of one piece of valid government issued photo identification. The photo ID must be clear and legible. Note that your request may be delayed if this form is incomplete and/or your ID is illegible.

To submit your request, send by e-mail to recordsrequest@casott.on.ca or by mail to The Children's Aid Society of Ottawa, Attention: Access to Information and Disclosure, 1602 Telesat Court, Ottawa, Ontario K1B 1B1.

For any questions, please contact Access to Information and Disclosure at 613-747-7800 (and follow the prompts).

(Signature)

(DD/ MM /YYYY)