

Application for Research

You must send this duly completed form to the following address :

Secrétariat à l'adoption internationale (RASRI)
201, boul. Crémazie Est, bureau 1.01
Montréal (Québec) H2M 1L2

This application allows you to receive family and medical antecedents and allows the disclosure of identity and information so that you can contact the person sought.

A. Status of the person completing this form

I am submitting my application as :

- ☐ adopted person.
- ☐ parent of origin.
- ☐ adoptive parent.
- ☐ sibling of origin (brother, sister) of an adopted person.

B. Application

Complete the section corresponding to your status. If you are :

- an adopted person,
complete sections 1 and 2;
- an adoptive parent,
complete sections 1 and 4;
- a parent of origin, *complete*
sections 1 and 3;
- a sibling of origin of an adopted person,
complete sections 1 and 5.

1. Information on the identity of the person completing the form

Surname		Given name			Date of birth			Year	Month	Day
Health insurance number (optional)				Social insurance number (optional)						
Address (street number and name, apartment, city, province)								Postal code		
Area code	Telephone (home)	Area code	Telephone (work)	Extension	Area code	Cell phone	Email			
Surname and given name of your mother, as they appear on your birth certificate (for the purposes of confirmation of your identity)							Sex : <input type="checkbox"/> Female <input type="checkbox"/> Male			

2. Application by an adopted person

IMPORTANT - If you are under 14 years of age, you must attach to the application the authorization of your adoptive parents or your tutor.

Object of the application

For each of the following statements, answer yes or no by checking the appropriate box.

Yes No

- ☐ ☐ 1. I wish to obtain my surname(s) and given name(s) of origin.
- ☐ ☐ 2. I wish to obtain the surname(s) and given name(s) of my mother of origin.
- ☐ ☐ 3. I wish to obtain the surname(s) and given name(s) of my father of origin.
- ☐ ☐ 4. I wish to obtain my adoption history (family and medical antecedents).
- ☐ ☐ 5. I wish to obtain information allowing me to contact my mother of origin (reunion).
- ☐ ☐ 6. I wish to obtain information allowing me to contact my father of origin (reunion).
- ☐ ☐ 7. I wish to obtain the surname(s) and given name(s) of one of my siblings of origin if he or she has requested the disclosure of information concerning my identity.
- ☐ ☐ 8. I wish to obtain the surname(s) and given name(s) of one of my siblings of origin (reunion) if he or she has requested to contact me.

2.1. Information to be provided

For each item of information requested below, be as precise as possible.

Surname at birth (if known)

Given name at birth (if known)

Your place of birth (e.g. name of hospital, nursery or birth centre)

City of birth (if known)

Province or region of birth (if known)

Given name(s) and surname(s) of adoptive parent(s)

Place of residence of your **adoptive parents** at the time of your adoption**2.2. Personal information on the person or persons sought (if known) :**

	Mother of origin	Father of origin	Sibling of origin
Surname at birth			
Given name at birth			
Date of birth (year-month-day)			
Place of birth			
Place of residence at birth			

3. Application by a parent of origin**Object of the application**

For each of the following statements, answer yes or no by checking the appropriate box.

Yes No

- ☐ ☐ 1. I wish to obtain the surname(s) and given name(s) of my child following his or her adoption.
- ☐ ☐ 2. I wish to obtain the antecedents of my child's adoptive parents.
- ☐ ☐ 3. I wish to obtain information allowing me to contact my child (reunion).

3.1. Information on the child you gave up for adoption

For each item of information requested below, be as precise as possible.

Surname at birth (if known)				Given name at birth (if known)	
Date of birth	Year	Month	Day	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	
Pseudonym or name of the biological mother used at the time of birth (if applicable)					
Place of birth (e.g. name of hospital, nursery or birth centre)					
City of birth (if known)			Province or region of birth (if known)		

4. Application by an adoptive parent**Object of the application**

I, the undersigned, _____, wish to receive my child's adoption history (family and medical antecedents).

4.1. Information to provide

For each item of information requested below, be as precise as possible.

Surname of the child after adoption				Given name of the child after adoption	
Surname at the birth of the child (if known)				Given name at the birth of the child (if known)	
Child's date of birth	Year	Month	Day	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	
Child's place of birth (e.g. name of hospital, nursery or birth centre)					
Child's city of birth (if known)			Child's province or region of birth (if known)		
Place of your residence at the time of the adoption					

5. Application by a sibling of an adopted person**IMPORTANT - Indicate your relationship of origin with the person sought :**

- ☐ maternal
- ☐ paternal

Object of the application

For each of the following statements, answer yes or no by checking the appropriate box.

Yes No

- ☐ ☐ 1. I wish to obtain the surname(s) and given name(s) of one of my siblings if he or she has requested the disclosure of information concerning my identity.
- ☐ ☐ 2. I wish to obtain information allowing me to communicate with one of my siblings if he or she has requested contact with me (reunion).

5.1. Personal information on the person sought

For each item of information requested below, be as precise as possible.

Surname given at birth (if known)				Given name given at birth (if known)	
Date of birth		Year	Month	Day	Place of birth (e.g. name of hospital, nursery or birth centre)
City of place of birth (if known)					
				Province or region of place of birth (if known)	

5.2. Personal information on the biological parents of the person sought (if known) :

	Biological mother	Biological father	Sibling
Surname at birth			
Given name at birth			
Date of birth (year-month-day)			
Place of birth			
Place of residence at birth			
Living or deceased person*			

* In the case of a deceased person, attach a proof of death, if available.

C. Signature and pieces of identification

In witness whereof, I have signed

in _____, this _____ day of the month of _____ of the year 20____.
city

Signature : _____

Pieces of identification

If you are a parent of origin, an adopted person, an adoptive parent or a sibling of origin of an adopted person, attached to the form a copy of **two (2)** official pieces of identification*, at least one of which bears your photo and your signature.

If you are an adopted person under 14 years of age, attach to the form :

- the authorization of your adoptive parent or your tutor, accompanied by **two (2)** official pieces of identification, at least one of which bears a photo and his or her signature ;
- a copy of **two (2)** official pieces of identification, at least one of which bears your photo and your signature.

* The official pieces of identification accepted are the health insurance card, the driver's licence, the birth certificate, the passport and the Canadian citizenship card.

You may also attach a copy of any documents you consider useful for the processing of your application.