

Veto – Adoptions Granted Before January 1, 2017

Office use only

Date Received:

LA #:

For questions or to submit your form:

Call: (306)787-3654 or 1-800-667-7539 (toll-free in Canada)

Fax: (306) 798-0038

Email: postadoptionregistryinsask@gov.sk.ca

Mail: Post-Adoption Registry, 10th Floor, 1920 Broad Street
REGINA SK S4P 3V6

Attach a clear copy of one current government-issued ID with your application (i.e. Drivers Licence). If the copy is not clear, your Veto may be returned to you.

Birth parents must complete and sign a separate Veto for each child placed for adoption. Vetoes do not apply to stepparent adoptions or adoptions of adults.

I am:		Birth Mother	Birth Father	Adult Adoptee	
Current Surname		First Name		Middle Name	
Previous Surnames (i.e. Maiden Name)			Date of Birth (DD/MM/YYYY)		
Street / Box Number	Street Name		City/Town		Postal Code
Country	Home Phone (include area code)		Work Phone (include area code)		Cell (include area code)
Email Address(es)					
Birth Information – Complete all known information					
Birth Name of Adult Adoptee		Adult Adoptee's Date of Birth (DD/MM/YYYY)		Adult Adoptee's Place of Birth	
Birth Mother's Full Name (at time of child's Birth)			Birth Father's Full Name		

Declaration – by signing my name, I understand the collection, use, and disclosure of information is done under the authority of *The Adoption Act, 2003*. I acknowledge the following:

- The purpose of my Veto is to prevent the Post-Adoption Registry from including my name and other identifying information on the adult adoptee's Birth Registration.
- The Post-Adoption Registry cannot guarantee no one will learn my identity through other means.
- I may withdraw my Veto by submitting a written request to the Post-Adoption Registry. If I withdraw my Veto, the Post-Adoption Registry will contact any other party accordingly.
- My Veto will no longer be valid upon my death. The Post-Adoption Registry may complete a search for my death if the adult adoptee submits a new application for their Birth Registration.
- I am able to voluntarily provide a written statement of current family medical information, which the Post-Adoption Registry may share with the individuals I indicate. My written statement is included not included

Signature _____

Date _____

If your information changes, contact the Post-Adoption Registry to update your file.

ID included: Drivers Licence Passport Birth Certificate Health Card Other

Submit

Print

Clear