

Contact Preference

The Adoption (Birth Registration Information) Amendment Regulations, 2016

For questions or to submit your form:

Cell: (306)787-3654 or 1-800-667-7539 (toll-free in Canada)
Fax: (306)798-0038
Email: postadoptionregistry@sask.ca
Mail: Post-Adoption Registry, 10th Floor, 1920 Broad Street
Regina SK S4P 3V6

Office use only

Date Received:
LA Number:

Attach a clear copy of one current government-issued ID with your application (e.g. Driver's License). If the copy is not clear, your Contact Preference may be returned to you. **Birth parents must complete and sign a separate Contact Preference for each child placed for adoption. Contact Preferences do not apply to stepparent adoptions or adoptions of adults.**

I am the: <input type="checkbox"/> Birth Mother <input type="checkbox"/> Birth Father <input type="checkbox"/> Adult Adoptee				
Current Surname		First Name		Middle Name
Previous Surnames (e.g. maiden name)			Date of Birth - DOB (DD/MM/YYYY)	
Street / Box Number	Street Name	City/Town	Province	Postal/Zip 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 DOB (DD/MM/YYYY)	Adult Adoptee's Place of Birth	
Birth Mother's Name (at Birth)		Birth Father's Name		
Adoptive Mother Name		Adoptive Father Name		
Contact Preference Agreement – Indicate the type of contact you prefer				
<input type="checkbox"/> No contact	Contact at this Phone Number		Contact at this Email	
Other Method of Contact (e.g. through a third-party as indicated)				

Declaration – by signing my name, I understand and acknowledge the following:

- The purpose of my Contact Preference is to notify the other person how or if I wish to be contacted. My Contact Preference does not, in itself, prevent my name and other identifying information from being released. The Ministry will not release my name and other identifying information unless the other person signs an agreement to follow the terms of my Contact Preference.
- The Post-Adoption Registry cannot guarantee the other person will follow the terms of my Contact Preference.
- I may amend or withdraw my Contact Preference by submitting a new Contact Preference to the Post-Adoption Registry. If I amend or withdraw my Contact Preference, the Post-Adoption Registry will contact any other party accordingly.
- My Contact Preference will no longer be valid upon my death.
- I am able to voluntarily provide a written statement of my 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 that is included:	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Passport	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Health Card	<input type="checkbox"/> Other
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Submit

Print

Clear