

<u>www.casott.on.ca</u> e-mail: <u>recordsrequest@casott.on.ca</u>

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 Se	ervice:	O English	O French
Your Contact Information			
Surname (Last Name):			
First & Middle Name(s):			
Date of Birth (DD/ MM /YYYY):		Other Names/Alias:	
Address:		ı	Postal Code:
City:	Pro	ov:	Country:
Telephone (H):	Telephone (W):		Telephone (Cell):
E-mail:			
**When an E-mail address is provided,	this indicates t	hat you consent to the Socie	ty communicating with you via E-mail.
Requesting Information	O For	rmer Child in Care	
regarding:	O Adoption File (*please indicate below)		
Are you: O Adoptee O Birth F	Parent O Bir	th Sibling $oldsymbol{O}$ Adoptive Pa	arent O 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 the	hat may coincide with the records you are requesting):
In order to help us best meet your needs, please records:	e indicate if you are seeking specific information and/or
Please attach a separate sheet if more space	e is needed.
	of one piece of valid government issued photo lear and legible. Note that your request may be or your ID is illegible.
	o <u>recordsrequest@casott.on.ca</u> or by mail to The on: Access to Information and Disclosure, 1602
For any questions, please contact Access (and follow the prompts).	to Information and Disclosure at 613-747-7800
(Signature)	(DD/ MM /YYYY)
(Signature)	(UU/ IVIIVI / I I I I)