

## Manitoba Post-Adoption Services Adoptive Parent(s) of Minor Child Application

For questions or to submit your form:  
**Call: 1-855-837-5542 (toll free in Canada and the USA)**  
**Email: [postadoption@gov.mb.ca](mailto:postadoption@gov.mb.ca)**  
**Mail: Manitoba Post-Adoption Services**  
**2<sup>nd</sup> Floor – 777 Portage Avenue**  
**Winnipeg, Manitoba Canada R3G 0N3**

*Office use only*  
Date Received:

This application is for adoptive parents of a minor child (under 18 years of age) to apply for post-adoption services. A separate application is required for each child.

Please refer to the Guide to Post-Adoption Services (page 4) for information on each service and eligibility criteria.

**I am currently registered and am updating my contact information only**  
 (Complete Sections 1, 2 & 6 only)

### Section 1 – Your Information

Adoptive Parent 1:			
First Name		Last Name	
Previous Names (i.e. maiden name)		Date of Birth (DD/MM/YYYY)	
Adoptive Parent 2 (if applicable):			
First Name		Last Name	
Previous Names (i.e. maiden name)		Date of Birth (DD/MM/YYYY)	
Adoptive Parents' Contact Information:			
Suite Number	Street Number	Street Name	
City/Town	Province/State	Country	Postal Code/Zip code
Home Phone		Cell Phone	
Email Address			

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### Section 2 – Your Child’s Information

Child’s Name by Adoption	
Child’s Date of Birth	Child’s Place of Birth

### Section 3 – Your Application

#### I wish to register for the following:

a) Contacting/sharing identifying information (NO search):

- Birth Mother     
  Birth Father     
  Maternal Siblings     
  Paternal Siblings

**Or**

b) Contact/sharing identifying information with search services:

- Birth Mother     
  Birth Father     
  Maternal Siblings     
  Paternal Siblings

### Section 4 – Identification

I have included a copy of one of the following government issued identification with my application:

- Driver’s Licence   
  Passport   
  Birth Certificate   
  Health Card   
  Other

### Section 5 – Consent of Child 12 Years and Older (complete only if applicable)

By signing my name I understand that:

- i. I \_\_\_\_\_ am consenting to my parent(s) registering on my behalf with Manitoba Post-Adoption Services for contact/search with the selected birth family members as per Section 3 of this form.
- ii. I understand that my parents’ registration will expire upon my 18<sup>th</sup> birthday, when I become entitled to register, unless I provide my signed consent to Manitoba Post-Adoption Services for my parent(s) to remain registered on my behalf.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

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### Section 6 – Understanding, Acknowledgment and Certification

By signing my name, I understand that the Director of Child and Family Services is obtaining my personal information (including, if necessary for identification purposes, my Manitoba Health Registration Number) so that the Director can provide me with post-adoption services under *The Adoption Act*. I understand that my personal information is being collected under the authority of subsection 36(1)(b) of *The Freedom of Information and Protection of Privacy Act* and that my personal health information, if any, is being collected under the authority of subsection 14(1) of *The Personal Health Information Act*.

I acknowledge the following:

- i. I will only be provided with the information to which I am entitled, subject to the availability of the records and any vetoes or preferences on file.
- ii. A search will not be performed for any person who is under 18 years of age or has filed a Disclosure/Contact Veto or Contact Preference for no contact.
- iii. It is my responsibility to inform Manitoba Post-Adoption Services of any future name or contact information changes.
- iv. Manitoba Post-Adoption Services may release my full name, date of birth, city of residence and phone number/email address to my child's birth family members that I am registered to have contact with should they also register and I cannot be located and I consent to this disclosure of my personal information.
- v. Once my child reaches 18 years of age they must provide written consent for this registration to remain valid.
- vi. The information provided in this application is true and complete to the best of my knowledge. I certify that I am making this application in good faith and not for any improper purpose.

Adoptive Parent 1:

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*Signature*

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*Date*

Adoptive Parent 2 (if applicable):

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*Signature*

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*Date*

## **Guide to Manitoba Post-Adoption Services** **Adoptive Parent(s) of a Minor Child**

*Please retain this guide for future reference.*

**The following are the services available to adoptive parents of a minor child (under 18 years of age) whose adoption was granted in Manitoba:**

Registering for Contact/Sharing Identifying Information with the Birth Family Members:

- Adoptive parents may register to have contact/share identifying information (i.e. full name, date of birth and contact information) with their child's birth parents and birth siblings.
- If a birth family member also registers to have contact/share identifying information with the adoptee, they will be advised of the adoptive parents' interest in contact. If mutually desired Manitoba Post-Adoption Services will facilitate a reunion by assisting both parties in establishing direct contact.

Requesting Search Services for Birth Family Members:

- Adoptive parents may register to have contact/share identifying information as well as have a search conducted for their child's birth parents and adult birth siblings.
- Manitoba Post-Adoption Services can only search for birth family members that are named in our records and who are 18+ years of age.
- A search will not be performed for any person who has filed a Contact/Disclosure Veto or Contact Preference for no contact.

**For more detailed information about our services, including information and forms related to protecting your privacy, please visit Manitoba Post-Adoption Services website at:**

**[manitoba.ca/postadoption](http://manitoba.ca/postadoption)**