

## INFORMATION SHEET FOR ADOPTION OF AN ADULT CHILD

***All of this information is required. The birth places of the birth father and birth mother are needed to obtain the Registration of Live Birth.***

Full name of child at birth (or present legal name): \_\_\_\_\_

Gender of child: \_\_\_\_\_

Date of birth of child: \_\_\_\_\_

Place of birth of child: \_\_\_\_\_

Full name of child by adoption: \_\_\_\_\_

Full name of father by adoption: \_\_\_\_\_

Place of birth of father by adoption: \_\_\_\_\_

Date of birth of father by adoption: \_\_\_\_\_

Full name of mother by adoption: \_\_\_\_\_

Maiden surname of mother by adoption: \_\_\_\_\_

Place of birth of mother by adoption: \_\_\_\_\_

Date of birth of mother by adoption: \_\_\_\_\_

Full address of parents by adoption: \_\_\_\_\_

Full name of natural father: \_\_\_\_\_

Birthplace and date of natural father: \_\_\_\_\_

Full name of natural mother: \_\_\_\_\_

Maiden surname of natural mother: \_\_\_\_\_

Birthplace and date of natural mother: \_\_\_\_\_

Address of natural mother: \_\_\_\_\_

Address of natural father: \_\_\_\_\_

Address where child resides: \_\_\_\_\_

Name(s) of the person(s) who has/have had care of the child since birth: \_\_\_\_\_

\_\_\_\_\_

Date and place Adoptive Parents were married (if not married, date the Adoptive Parents began living together): \_\_\_\_\_

\_\_\_\_\_

Occupation of Adoptive Mother: \_\_\_\_\_

Occupation of Adoptive Father: \_\_\_\_\_

Any other children of the Adoptive Parents, including which Adoptive Parent is the birth parent, ages, date of birth, place of residence of the other children and whether these children support the intended adoption: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there a Court Order or written Agreement that requires one or both of the birth parents to pay child support? If so, what child support has been paid? \_\_\_\_\_

\_\_\_\_\_

How long has the Adoptive Mother lived in BC? \_\_\_\_\_

How long has the Adoptive Father lived in BC? \_\_\_\_\_

**Authorization for Karen Henry, Lawyer and Mediator, to Obtain Information**

I, \_\_\_\_\_, authorize the release of information from the British Columbia Vital Statistics Agency to Karen Henry, Lawyer and Mediator, West Coast Family Law Centre, Victoria, BC, V8V 3L1, for the purpose of adoption proceedings.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature: \_\_\_\_\_  
Print name: