

Information for completing a Disclosure Veto form

Checklist

Have you completed the following?

- I have completed all **THREE (3)** pages of the form and I have dated and signed **Part 1** and **Part 2**.
- I have printed my **FULL NAME** clearly in PART 2 of the form, with no initials or omissions, and I have indicated any previous names in the spaces provided.
- I have had a Commissioner for Oaths, a Notary Public, or a designated professional act as my witness for Part 1 of the form by signing, dating, and providing her or his designation (for further information about who can witness please see *Information about the witness* section).
- I have provided a **PHOTOCOPY** of **TWO (2)** pieces of valid, government-issued identification, one of which is photo identification, **which has been certified as a true copy of the original, signed and dated by my witness** (for further information about the photocopy please see *Information about the photocopy* section).
- My witness has provided her or his **CONTACT INFORMATION** on the **PHOTOCOPY** of my identification and/or on Part 1 of my form, including her or his occupation or designation, place of employment, address and a **daytime telephone number** where she or he can be reached. A Commissioner for Oaths must provide a commission expiry date.

If you have decided to include additional information:

- I have attached my written statement to Part 1 and Part 2 for submission.

If you want confirmation of receipt and filing of your Disclosure Veto:

- I have included a self-addressed stamped envelope.

General information

- **A Disclosure Veto prevents the Manitoba Post-Adoption Registry from releasing any identifying information about the person who files it.**
- If you are a **birth parent** and are filing a veto for more than one child, you must complete a separate form for each child.
- If you are an **adoptee** and are filing a veto for both of your birth parents, you must complete a separate form for each one.
- Please fill out the form to the best of your ability. Leave blank any sections that are not applicable or are unknown to you.
- **Please print clearly in ink.**
- If you have questions or need help filling out the form:
 - Contact your local [Child and Family Services agency](#).
 - Call the Manitoba Post-Adoption Registry at 1-855-837-5542 (toll free in Canada and the US).
- You can cancel a Disclosure Veto at any time by filing a *Disclosure Veto Cancellation* form.
- If after submitting this form, you change your name, telephone number(s), or if you move, notify the Manitoba Post-Adoption Registry or complete a *Change of Information* form.
- **Available in other formats upon request.**

Filling out the form

- Please read these instructions before filling out the form.

PART 1: My Consent to Collection of Information

Read the statements. Sign and date the consent if you agree with the statements. If you do not agree with the statements you do not have to sign. Without your consent, a Disclosure Veto cannot be filed.

Your witness must also sign and date in the appropriate areas to verify your consent. For information about who can act as a witness refer to the *Information about the witness* section.

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Government-issued identification:

- Indicate in the blanks which of **TWO (2)** pieces of valid, government-issued identification (one of which is photo identification) you have photocopied and attached to your form. Examples include: Social Insurance Number, health card, Secure Certificate of Indian Status card, driver's license, passport, birth certificate. Contact the Manitoba Post-Adoption Registry at 1-855-837-5542 (toll free in Canada and the US) to see what other forms of identification can be accepted.
- This photocopy must be verified by a Commissioner for Oaths, Notary Public, or a designated professional. The witness must see the original identification and verify that the photocopy matches the original documents.

***For more information on the photocopy process, see *Information on the photocopy*.

***For more information on who can be a witness, see *Information about the witness*.

NOTE: Your identification may not be accepted if it is not current. If you have recently moved or changed your name, your identification may need to be updated before you can apply for a Disclosure Veto. If you live in another province/country please provide appropriate identification from your place of residence.

PART 2: Collection of Information

- **Please print clearly in ink in each section.**

Section A. My name is:

- Provide your full first name, middle name(s) and last name.
- If your name has changed due to marriage, divorce, or other reasons, provide your previous name(s).
- Indicate your complete birth date.
- Indicate if you are the adoptee, birth mother, or birth father.
- Provide your complete **current** address, detailing: city/town, province/state, country, and postal code/zip code.
- Indicate your **current** home, work, and cell telephone number(s), and your email address(es).

Section B – Birth and adoption information:

- Fill out this section to the best of your ability, providing information if you know it. There may be some sections you leave blank.
- The birth parent will fill out the section under the heading “If you are the **birth parent**, please fill out the sections below.” Indicate the name of the child at birth,

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and the child's date of birth, if known. If you are unsure of the exact date of birth, include the year, to the best of your ability. Indicate the location/community where the birth took place, if known. Indicate the names of the birth mother and the birth father at the time the child who was adopted was born, if known.

- The adoptee will fill out the section under the heading "If you are the **adoptee**, please fill out the sections below." Indicate your name and your date of birth. Indicate the location/community where your birth took place, if known. Indicate the full names of your adoptive mother and adoptive father.

Section C. I have included additional information:

- Check the box to indicate if you have included additional information or not. If you have included additional information, indicate the type of information (reasons for non-disclosure, medical history, other) you are including by checking the appropriate box. You can check more than one box.
- Including additional information is optional.
- For more information, please see the *Including additional information* section.

Section D. My consent to file a Disclosure Veto:

- **Read, sign and date**, confirming your consent.
- Section D confirms your consent for the Manitoba Post-Adoption Registry to file your Disclosure Veto and ensures that the consent remains with the information collected.
- Identify the person to whom the veto applies by writing one of the following in the space provided: birth child, birth mother, or birth father.
- Check the box if you would like confirmation of receipt and filing of your Disclosure Veto from the Manitoba Post-Adoption Registry. You must include a self-addressed stamped envelope with your form if you would like confirmation.
- **NOTE: Your form will not be processed if you have not signed and dated both Part 1 and Part 2.**

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Submitting the form

1. IN PERSON: If you are in Manitoba, you can submit your form in person. Take your completed version of Part 1 and Part 2 of this form, with the properly verified photocopy of two pieces of identification, one of which is photo identification to a Child and Family Services agency. CFS staff will submit your form to the Manitoba Post-Adoption Registry on your behalf.

- Contact your local [Child and Family Services agency](#).

2. BY MAIL: You can also submit your form by mail. Send a completed version of Part 1 and Part 2 of this form, with the properly verified photocopy of two pieces of identification, one of which is photo identification by mail to:

Manitoba Post-Adoption Registry
2nd floor – 777 Portage Avenue
Winnipeg MB R3G 0N3
Canada

Inquiries

Telephone: 1-855-837-5542 - toll free in Canada and the US

Email: cfsd@gov.mb.ca

Website: manitoba.ca/adoptionrecords

Address: Manitoba Post-Adoption Registry
2nd floor – 777 Portage Avenue Winnipeg MB R3G 0N3 Canada

Information and Privacy Notice

Manitoba Family Services is authorized to collect personal information and personal health information under subsection 36(1) clause (b) of *The Freedom of Information and Protection of Privacy Act* ("FIPPA") and subsection 13(1) of *The Personal Health Information Act* ("PHIA") respectively, as the information is directly related to and necessary for the purposes of protecting the applicant's information related to birth and adoption records. We have limited the information we are collecting about you to the minimum amount necessary for these purposes. Your information is protected by the protection of privacy provisions of FIPPA and PHIA. We cannot use or disclose it for any other purpose, unless you consent or we are authorized or required to do so by FIPPA, PHIA, or *The Adoption Act*. If you have any questions about your information, please contact the FIPPA Coordinator at 1-204-945-2013 at 500-326 Broadway, Winnipeg MB R3C 0S5.

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Information about the witness

PLEASE NOTE: FAILURE TO HAVE A WITNESS VERIFY YOUR PHOTOCOPIED IDENTIFICATION DOCUMENTS AND PART 1 OF YOUR FORM WILL MEAN THE DISCLOSURE VETO CAN NOT BE FILED.

In order for your form to be accepted it must be accompanied by a photocopy of TWO (2) valid pieces of government-issued identification, one of which is photo identification. Your photocopied identification and Part 1 of your form must be verified and signed by a *witness*. An acceptable witness is a Commissioner for Oaths, a Notary Public or a designated professional.

A Notary Public can usually be found in a law office.

A Commissioner for Oaths may be found in the offices of:

- Real Estate Agents or General Insurance Agents
- Professional Accountants
- Rural Post Offices
- Municipal Offices
- High School Principals (usually in Winnipeg, Manitoba only)
- Police Officers

Note: An appointment may be required and there may be a fee for this service.

For the purposes of witnessing your signature on Part 1 and for verifying the photocopy of your identification documents, a designated professional is considered to be one of the following:

- Dentist/Medical Doctor/Chiropractor/Optomtrist/Psychologist
- Lawyer
- Minister of Religion
- Pharmacist
- Principal or teacher at a primary or secondary school
- Judge/Magistrate/Police Office/RCMP
- Justice of the Peace
- Postmaster
- Professional Accountant who has a designation
- Signing Officer or Manager at a Bank, Credit Union, Trust Company, or other financial institution
- Senior Administrator, teacher, professor at a community college or university
- Veterinarian
- Social Worker
- Chief of First Nations Band
- Funeral Director
- Nurse Practitioner/Registered Nurse
- Member of Parliament
- Member of the Provincial Legislature
- Municipal Official
- Official of a federal government department or provincial government department, or one of its agencies
- Official of an embassy or consulate
- Professional Engineer

*****IMPORTANT:** Your witness must sign and date Part 1 of the form and the photocopy of your identification documents. **Your witness must also provide contact information**, including her or his occupation or designation, place of employment, address and a **daytime telephone number** where she or he can be reached. A Commissioner for Oaths must provide a commission expiry date.

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Information about the photocopy

As part of your Disclosure Veto form, you must provide a verified photocopy of the identification documents indicated in Part 1. You are responsible to ensure that the witness sees the **ORIGINALS OF TWO FORMS OF IDENTIFICATION** and is given a photocopy of these same documents.

The witness must:

1. **Examine** the original identification.
2. **Ensure** the original identification **matches** the photocopy.
3. **Sign and date the photocopy**, and type, write clearly or stamp her or his occupation or designation, place of employment, address and a **daytime telephone number** where she or he can be reached. A Commissioner for Oaths must provide a commission expiry date.
4. **Sign and date Part 1 of your form.**

NOTE: Failure to submit a properly verified photocopy of identification documents or failure to have Part 1 signed and dated by yourself and a witness will result in the rejection of your form.

Questions about filling out this form may be directed to your local [Child and Family Services agency](#) or to the Manitoba Post-Adoption Registry at 1-855-837-5542.

Including additional information

- In Section C, indicate if you will provide a non-identifying written statement with additional information including
 - Reasons for non-disclosure
 - Medical history
 - Other non-identifying personal, family history, or social information
- Do not include any information in this statement that you do not want disclosed.
- It is your option whether to include a written statement or not.
- When your Disclosure Veto is in effect, and a person who would otherwise be entitled to receive identifying information through the Manitoba Post-Adoption Registry applies for information, **the person will be given a copy of your written statement if it is completed.**
- A list of medical issues is included for your reference if you choose to include medical history information. When completing this section, you may wish to indicate:
 - if the medical issue was experienced by yourself, an immediate family member, or another relative,
 - the age of onset of the medical issue, and
 - any other medical information you would like to share.

Medical issues (this list is not exhaustive)

- **Birth defects** (cleft lip/palate, clubfoot, heart defect, cerebral palsy, Down syndrome)
- **Bone/muscle disorders** (arthritis/rheumatism, osteoporosis, knee/hip disorder, scoliosis, spina bifida, muscular dystrophy, lupus)
- **Breast history** (cancer, lumpectomy, mastectomy, fibrocystic)
- **Cancer** (types and treatments, age at onset, part of body)
- **Dental issues**
- **Developmental delays** (type, diagnosis, hospitalization, type/level of education, medication used)
- **Diabetes** (type 1, type 2, age at onset, medications used)
- **Gastrointestinal issues** (colitis, Crohn's disease, irritable bowel syndrome, gastritis, ulcers, acid reflux)
- **Heart and blood conditions** (aneurysm, varicose veins, heart murmur, high blood pressure, stroke, heart attack, heart disease, blockages/clotting issues, angina, phlebitis, anemia, cholesterol problems)
- **Hereditary diseases/disorders** (hemophilia, thyroid disorders, galactosernia, Huntington's Disease, sickle cell anemia)
- **Lung disease** (type)
- **Mental health issues** (depression, bipolar depression, anxiety disorders, schizophrenia and other psychotic disorders, personality disorders, eating disorders)
- **Neurological disorders** (Lou Gehrig's disease /ALS, muscular dystrophy, multiple sclerosis, cerebral palsy, Parkinson's disease, Alzheimer's disease/dementia, epilepsy/seizures, Tay Sachs disease, Tourette syndrome, autism spectrum disorder, attention deficit hyperactivity disorder)
- **Reproductive health issues** (cervical cancer, ovarian cancer, endometriosis, polycystic ovarian syndrome, yeast infections, genital warts, menstrual disorders, erectile dysfunction, prostate gland disorders, prostate cancer, cryptorchidism, benign prostatic hypertrophy)
- **Respiratory system conditions** (allergies, hay fever, asthma, sinusitis, tuberculosis, emphysema, cystic fibrosis)
- **Rheumatic Fever** (heart murmur)
- **Sense organ disorders** (blindness, near/far sighted, astigmatism, wears glasses/contacts, colour/night blindness, glaucoma, cataracts, deafness, hard of hearing, ear infections)
- **Sexually transmitted infections** (gonorrhea, syphilis, herpes, HIV, AIDs)
- **Skin conditions** (acne, warts, psoriasis, eczema, baldness, cancer)
- **Substance Addiction/Abuse** (alcohol, tobacco, marijuana, barbiturates, amphetamines, hallucinogenics, cocaine, heroin, prescription drugs, tranquilizers)
- **Sudden Infant Death Syndrome**
- **Urinary conditions** (kidney disease, bladder infections, gout, kidney stones, liver disorders, pancreatic disorders, bladder cancer)

For birth mother only:

- **General menstrual and pregnancy history** (age of first menstruation, post-partum depression/anxiety, number of prior pregnancies)
- **Medical conditions during pregnancy with birth child** (German measles, venereal disease, virus, toxemia, infections, accidents, anemic, diabetic)
- **Pregnancy and delivery history of birth child** (full-term, age at pregnancy, pre-natal care, complications, single birth/multiple births, duration of labour, natural/caesarean delivery, forceps, biological parent's blood type, mother's RH factor)

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PART 1. My Consent to the Collection of Information

I understand that the Director of Child and Family Services (the Director) is obtaining my personal information described in Part 2 so that the Director can file a Disclosure Veto on the Manitoba Post-Adoption Registry with the intent of preventing the disclosure of identifying information concerning myself.

I understand that my personal information is being collected under the authority of subsection 36(1) clause (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 13(1) of *The Personal Health Information Act*.

I understand that the Director will release no other information without my written consent unless the Director is authorized or required to do so by law. I understand that I may revoke this consent by written statement at any time. Consent below is limited to this form only and becomes effective on the date signed. I hereby consent to the collection of information in Part 2 by the Director.

DATE: _____

YOUR SIGNATURE: _____

WITNESS PRINT NAME: _____

DATE: _____

WITNESS SIGNATURE: _____

(Commissioner for Oaths, or Notary Public, or designated professional)

WITNESS INFORMATION:

Witness Occupation or Designation/Commissioner for Oaths commissioner expires:

Place of employment: _____

Address: _____

Daytime telephone number: _____

GOVERNMENT-ISSUED IDENTIFICATION:

I have chosen and presented **two (2)** pieces of identification, one of which is photo identification, to a Commissioner for Oaths, a Notary Public, or a designated professional who has witnessed my signature and verified the photocopy of the identification attached to this form. The pieces of identification I attached to this form are my (write in blanks below):

1. _____

2. _____

If you have any questions about the collection and disclosure of your personal information, contact your local [Child and Family Services agency](#) or call the Manitoba Post-Adoption Registry at 1-855-837-5542 (toll free in Canada and the US).

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PART 2: Collection of Information			
Section A. My name is:			
First name	Middle name(s)	Last name	
Previous names (if applicable)			
Date of Birth Year /Month /Day / /		I am the: <input type="checkbox"/> Adoptee <input type="checkbox"/> Birth mother <input type="checkbox"/> Birth father	
Mailing address: Apartment number/Street number and name			
City/Town	Province/State	Country	Postal/Zip Code
Home telephone number Country code Area Code Phone number () () ()	Work telephone number Country code Area Code Phone number () () ()	Cell telephone number Country code Area Code Phone number () () ()	
Email address(es)			
Section B. Birth and adoption information:			
If you are the birth parent , please fill out the sections below:		If you are the adoptee , please fill out the sections below:	
Child's full name at birth (if known):		Adoptee's full name:	
Child's date of birth (if known) Year /Month /Day / /	Place of child's birth (if known)	Adoptee's date of birth Year /Month /Day / /	Adoptee's place of birth (if known)
Birth mother's full name at time of child's birth (if known)		Adoptive mother's full name	
Birth father's full name at time of child's birth (if known)		Adoptive father's full name	
Section C. I have included additional information:			
<input type="checkbox"/> I have included a written statement with additional information on <input type="checkbox"/> Reasons for non-disclosure <input type="checkbox"/> Medical history <input type="checkbox"/> Other non-identifying personal, family history, or social information OR <input type="checkbox"/> I have included no additional information			

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Section D. My consent to file a Disclosure Veto:

I hereby authorize the Director of Child and Family Services to file a Disclosure Veto on the Manitoba Post-Adoption Registry to prevent the Manitoba Post-Adoption Registry from releasing any identifying information about me to my _____ (birth child, birth mother, birth father). I understand that even if I file this veto, a person who is asking for my information may find another family member who may provide information about me; or that person may obtain information about me some other way.

I understand that:

- I can withdraw this Disclosure Veto at any time by writing to the Manitoba Post-Adoption Registry (i.e., filing a Disclosure Veto Cancellation form).
- This replaces any previous Disclosure Veto.

All the information provided on this form is accurate and complete as far as I know.

DATE: _____

YOUR SIGNATURE: _____

- Check here if you would like to receive confirmation that your Disclosure Veto form has been received and filed with the Manitoba Post-Adoption Registry.

To receive confirmation, you must include a self-addressed stamped envelope.