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| ONTARIO |
|  |  |  | Court File Number |
|  | (Name of court) | Form 34D: Affidavit of Adoption Applicant(s), sworn/affirmed |
| **at** |       |
|  | Court office address |
|  |  |  |       |
| Applicant(s) *(The first letter of the applicant’s surname may be used)* |
| Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any). |  | Lawyer’s name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any). |
|       |  |       |
|  |
| Respondent(s) *(If there is a respondent, the first letter of the respondent’s surname may be used)* |
| Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any). |  | Lawyer’s name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any). |
|       |  |       |
|  |
| **Child** |       |
|  | (Child’s full legal name. If the child is in extended society care or was placed by a licensee or children’s aid society, you may use an initial for the surname.) |
|  |       |  |       |  |       |
|  | Date of birth | Sex | Birth registration number |
| **My/Our name(s) is/are** *(full legal name(s))* |       |
| **I/We live in** *(municipality & province)* |       |
| **and I/we swear/affirm that the following is true:** |
| **1.** | I am/We are the applicant(s) for the adoption of the child in this case and reside in Ontario. |
| **2.** | My/Our birthdate(s) is/are: *(For two persons, indicate which birthdate belongs to whom.)* |
|  |       |
| **3.** | The details of my/our background are as follows: *(Give details of your health, education, employment, ability to support and care for the child and any other relevant background material. If you need more space, you may add a page.)* |
|  |       |
| Put a line through any blank space left on this page. |

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| **4.** | The child is a resident of Ontario and is *(check all boxes that apply)*: |
|  | [ ]  | my/our grandchild. |
|  | [ ]  | my/our grandnephew/grandniece. |
|  | [ ]  | my/our nephew/niece. |
|  | [ ]  | a child of my spouse. |
|  | [ ]  | not related to me/us. |
|  | [ ]  | a First Nations, Inuk, or Métis child.  |
|  | [ ]  | a member of the following band(s) or First Nations, Inuit, or Métis communities *(list the child’s band(s) and/or First Nations, Inuit, or Métis community(ies))*: |
|  |  |       |
| **5.** | The history of my/our relationship with the child is as follows: *(Give details of history of your relationship with the child. If you need more space, you may add a page.)* |
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| Put a line through any blank space left on this page. |

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| Check applicable box. |
| **6.** | [ ]  | I am the sole applicant for this child's adoption and if an adoption order is made, I will be the child's only legal parent. |
|  | [ ]  | I am the sole applicant for this child’s adoption. If an adoption order is made, I will be joining with  |
|  | *(spouse’s full legal name)* |       | , |
|  | who is my spouse within the meaning of Part VIII of the *Child, Youth and Family Services Act, 2017,* and together, we will be the child’s only legal parents. |
|  | [ ]  | We are applying for this child's adoption jointly as spouses within the meaning of Part VIII of the *Child, Youth and Family Services Act, 2017*. If an adoption order is made, we will be the child's only legal parents. |
| **7.** | I/We understand and appreciate the special role of an adopting parent. |
| **8.** | No payment or reward of any kind was made, given, received or agreed to be made, given or received by me/us or, to the best of my/our knowledge, by any other person in connection with, |
|  | (a) | the adoption of this child; |
|  | (b) | this child’s placement for adoption; |
|  | (c) | the giving of any consent to this child’s adoption; or |
|  | (d) | any negotiations or arrangements leading up to this child’s adoption, |
|  | except for what is permitted by the *Child, Youth and Family Services Act, 2017* and the regulations made under that Act. |
| **9.** | I/We understand the importance of the child's culture and will make efforts to preserve his/her traditions, heritage and cultural identity. |
| **10.** | I/We understand that once the child turns eighteen years old, he/she can apply for a copy of his/her original birth registration, if any, and a copy of his/her adoption order. |
| **11.** | I/We understand that once the child turns nineteen years old, his/her birth parent(s) can apply for information from his/her original birth registration, if any, any substituted birth registration, and his/her adoption order. This information would include the child's full legal name after adoption. |
| **12.** | I/We understand the provisions of the *Vital Statistics Act* and the *Child, Youth and Family Services Act, 2017* related to the disclosure of adoption information. |
| **13.** | I/We want to bring to the court’s attention the following additional facts about the child’s best interests: *(Give any additional facts. If you need more space, you may add a page.)* |
|  |       |
| Put a line through any blank space left on this page. |
| Sworn/Affirmed before me at |       |  |  |  |
|  | municipality |  |  |  |
| in |       |  |  |  |
|  | province, state or country |  |  |  |
| on |       |  |  |  |  | Signature(This form is to be signed in front of a lawyer, justice of the peace, notary public or commissioner for taking affidavits.) |
|  | date |  | Commissioner for taking affidavits(Type or print name below if signature is illegible.) |  |  |