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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ONTARIO | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | Court File Number | | |
|  | | (Name of court) | | | | | | | | | | Form 34F: Parent’s or Custodian’s Consent  to Adoption | | |
| at | |  | | | | | | | | | |
|  | | Court office address | | | | | | | | | |
| **1.** | **My name is** *(full legal name)* | | | | | |  | | | | | | | | | |
|  | **I was born on** *(date of birth)* | | | | | |  | | | | | | | | | **and I live** |
|  | **at** *(address)* | | | |  | | | | | | | | | | | |
| **2.** | The child in this case is: *(Give child’s full legal name, date of birth, sex and birth registration number, if available.)* | | | | | | | | | | | | | | | |
|  |  | | | | | | |  |  |  |  | |  | |  | |
|  | *Full legal name* | | | | | | | *Date of birth* | *Sex* | | Birth registration number | |
| **3.** | **I am a parent of the child within the meaning of Part VIII of the *Child, Youth and Family Services Act, 2017* because I am *(Check appropriate paragraph below.)*** | | | | | | | | | | | | | | | |
|  |  | | | a parent of the child under section 6, 8, 9, 10, 11 or 13 of the *Children’s Law Reform Act* *(includes a birth parent, her spouse)*. I am the child’s *(state your relationship to the child)* | | | | | | | | | | | | |
|  |  | | |  | | | | | | | | | | | | |
|  |  | | | an individual described in subsection 7(2) of the *Children’s Law Reform Act*. | | | | | | | | | | | | |
|  |  | | | an individual who has been found or recognized by a court of competent jurisdiction outside of Ontario to be a parent of the child. | | | | | | | | | | | | |
|  |  | | | a parent under section 217 or 218 of the *Child, Youth and Family Services Act, 2017*. *(includes adoptive parents)* | | | | | | | | | | | | |
|  |  | | | an individual with lawful custody of (including decision-making responsibility for) the child. | | | | | | | | | | | | |
|  |  | | | an individual who, during the 12 months before the child was placed for adoption, has demonstrated a settled intention to treat the child as a member of his/her family. | | | | | | | | | | | | |
|  |  | | | an individual who, during the 12 months before the child was placed for adoption, has acknowledged parentage of the child and has provided for the child’s support. | | | | | | | | | | | | |
|  |  | | | an individual who is required to provide for the child or who has custody of (including decision-making responsibility for) or access to (including parenting time or contact with) the child under a written agreement or a court order. | | | | | | | | | | | | |
|  |  | | | an individual who has acknowledged parentage of the child under section 12 of the *Children’s Law Reform Act* as it read before January 1, 2017. | | | | | | | | | | | | |
| **4.** | I consent to the adoption of this child. | | | | | | | | | | | | | | | |
| **5.** | I understand the nature and effect of this consent. I understand that I may withdraw this consent in one or more of the following ways: | | | | | | | | | | | | | | | |
|  | • | | If the child is placed for adoption by a children’s aid society, by ensuring that the children’s aid society located at | | | | | | | | | | | | | |
|  | | *(address)* | | |  | | | | | | | | | | |
| receives my written notice of withdrawal within 21 days after my consent was given. | | | | | | | | | | | | | |
| • | | If the child is placed for adoption by a licensee, by ensuring that the licensee located at *(address)* | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | |
|  | | receives my written notice of withdrawal within 21 days after my consent was given. | | | | | | | | | | | | | |
| • | | If a relative of the child or the spouse of a parent proposes to apply to adopt the child, by ensuring that the proposed applicant receives my written notice of withdrawal within 21 days after my consent was given. | | | | | | | | | | | | | |
| **6.** | I understand that, after the 21 days have passed, I am not allowed to withdraw this consent unless I first get the court’s permission, and then only if my child has not yet been placed for adoption and if I can show that it is in the child’s best interests that this consent be withdrawn. | | | | | | | | | | | | | | | |
| **7.** | I understand the nature of an adoption order and that, if an adoption order is made, I will no longer be a legal parent to the child. | | | | | | | | | | | | | | | |
| **8.** | I 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. I understand that my full legal name may be included on such copies. | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Form 34F:** | | | | | | | **Parent’s or Custodian’s Consent to Adoption** | | | | | | | | | | | | **(page 2)** | | | | Court File Number | | | |
|  | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **9.** | | I understand that once the child turns nineteen years old, his/her birth parent(s) may 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. | | | | | | | | | | | | | | | | | | | | | | | | |
| **10.** | | | | I understand my right to ask and to be told whether an adoption order has been made for the child. | | | | | | | | | | | | | | | | | | | | | | |
| **11.** | | | | I understand my rights and the rights of other persons with respect to the disclosure of adoption information. | | | | | | | | | | | | | | | | | | | | | | |
| **12.** | | | | 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. | | | | | | | | | | | | | | | | | | | | | | |
| **13.** | | | | I have had a chance to get counselling about this consent. | | | | | | | | | | | | | | | | | | | | | | |
| **14.** | | | | I have had independent legal advice about this consent. | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |  | |  | | | | | | | | |
| Date of signatures | | | | | | | | | | | | | | | |  | | Signature of parent | | | | | | | | |
| **NOTE:**This consent must be witnessed by an independent lawyer who is to provide an affidavit of execution and independent legal advice below. If the person giving this consent is less than 18 years old, the consent must be accompanied by Form 34J (Affidavit of Execution and Independent Legal Advice (Children's Lawyer)), instead of the Affidavit of Execution and Independent Legal Advice that accompanies this form. | | | | | | | | | | | | | | | |  | |  | | | | | | | | |
| Signature of independent lawyer | | | | | | | | |
|  | | | | | | | | |
| **AFFIDAVIT OF EXECUTION AND INDEPENDENT LEGAL ADVICE** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **My name is** *(full legal name)* | | | | | | | | | | |  | | | | | | | | | | | | | | |  |
| **and I swear/affirm that the following is true:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | **1.** | I am a member of the Bar of *(name of jurisdiction)* | | | | | | | | | | |  | | | | | | | |  | |
| **2.** | and I am not acting for any other person in this adoption case. | | | | | | | | | | | | | | | | | | | | |
|  | | | | | I explained to *(parent’s full legal name)* | | | | | | | | |  | | | | | | | | | about | | |
|  | | | |  | the nature and effect of adoption under the law of Ontario; | | | | | | | | | | | | | | | | |
|  | | | | |  | the nature and effect of this consent; | | | | | | | | | | | | | | | | |
|  | the circumstances under which this consent may be withdrawn; | | | | | | | | | | | | | | | | |
|  | | | | |  | his/her rights and the rights of other persons with respect to the disclosure of adoption information; | | | | | | | | | | | | | | | | |
|  | the right to counselling. | | | | | | | | | | | | | | | | |
|  | | | | | **3.** | After my explanation, he/she told me that he/she wanted to sign this consent. | | | | | | | | | | | | | | | | | | | | |
|  | | | | | **4.** | I was present at and witnessed the signing of this consent. | | | | | | | | | | | | | | | | | | | | |
| Sworn/Affirmed before me at | | | | | | | | | | | |  | | | | | | | |  |  |  | | | |  |
|  | | | | | | | | | | | | municipality | | | | | | | | Signature | | | |  |
| in |  | | | | | | | | | | | | | | | | | | | (This form is to be signed in front of a lawyer, justice of the peace, notary public or commissioner for taking affidavits.) | | | |  |
|  | province, state or country | | | | | | | | | | | | | | | | | | |  |
| on | | |  | | | | | | | | | |  |  | | | | | |
|  | | | date | | | | | | | | | | Commissioner for taking affidavits  (Type or print name below if signature is illegible.) | | | | | |