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| ONTARIO |
|  |  | Court File Number      |
| (Name of court) | Form 34E: Director’s Consent to Adoption |
| **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).* |
|       |       |
| **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 |
| **1.** | My name is (full legal name) |       | and I am |
|  | appointed as a Director under the *Child, Youth and Family Services Act, 2017.* |
| **2.** | An order was made placing the child in extended society care on (date) |       |
|  | and was placed into the care of (full legal name of children’s aid society) |
|  |       |
| 3. | I consent to this child’s adoption by the applicant(s). |
|       |  |  |
| Date of signature |  | Signature |