

Request for Adoption Information

Under the Child, Youth and Family Services Act 2017 (CYFSA)

Name of Information Custodian to Whom the Request is being made

Jewish Family and Child Service of Greater Toronto

Requestor's/Client's Surname _____ Given Name _____ Date of Birth _____

(mm/dd/yyyy)

Address _____ Unit _____

City _____ Province _____ Postal Code _____ Telephone _____

Have you checked with Service Ontario if they possibly have the information you are seeking? ☐ Yes ☐ No

Have you contacted the Adoption Disclosure Register (ADR)? ☐ Yes ☐ No

Please provide a detailed description of the adoption information you are requesting. (You may use additional pages if necessary)

Signature (Client/SDM) _____ Date _____

For JF&CS Use Only

Date Received _____ Request _____ Comments _____