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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ONTARIO | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | |  | | | Court File Number | | | | |
|  | (Name of court) | | | | | | | | | | | | | | | | | | | Form 34A: Affidavit of Parentage,  sworn/affirmed | | | | |
| **at** |  | | | | | | | | | | | | | | | | | | |
|  | Court office address | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | |  | | |  | | | | |
| Applicant(s) *(If the applicant is unknown at the time this affidavit is sworn/affirmed or if the applicant’s name is not to be disclosed to the person swearing/affirming this affidavit, leave this box blank)* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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). | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| **My name is** *(full legal name)* | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **I live in** *(municipality & province)* | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **and I swear/affirm that the following is true:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.** | | The child's full legal name is: *(Give full legal name, date of birth, sex and birth registration number if known of person to be adopted. If this person was placed for adoption by a licensee or children’s aid society, you may use an initial for the surname.)* | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | |  |  | | | | | | |  | |  | | |  |  | | |
|  | | | Full legal name | | | | | | | | *Date of birth* | | | | | | | *Sex* | | | *Birth registration number* | | |
| **2.** | | I am *(State your relationship to the child.)* | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **3.** | | The child was born on *(date)* | | | | | | |  | | | | | | | | | | | | | | | | | , in *(municipality,* | |
|  | | *province, etc.)* | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **4.** | | The child’s birth was registered or registration has been requested with the vital statistics register of *(province)* | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | under the following name(s): | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Check applicable box(es). | | | | | | | | | | | | | | | | | | | | | | | | | |
| **5.** | | *(Name of person familiar with legal meaning of “parent”)* | | | | | | | | | | |  | | | | | | | | | | | | | | |
|  | | has reviewed with me those categories of persons who qualify as “parents” for the purposes of the *Child, Youth and Family Services Act, 2017* and whose consents have to be obtained or dispensed with before the child can be adopted. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Check off all boxes below that apply to your situation. Note that “birth parent” means the person who gives birth to the child. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **6.** | | The review mentioned in paragraph 5 included an examination of the following checklist: | | | | | | | | | | | | | | | | | | | | | | | | | |
| (a) | | | | Within the 300-day period before the child’s birth, | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | the birth parent’s spouse *(spouse’s full legal name)* | | | | | | | | | | | |  | | | | | | | | | | died. |
|  | the birth parent got a divorce or annulment from *(spouse’s full legal name)* | | | | | | | | | | | | | | | | |  | | | | | |
|  | the birth parent was living in conjugal relationship outside marriage with *(person’s full legal name)* | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | |
|  | that lasted for a period of *(State duration of relationship.)* | | | | | | | | | | | | |  | | | | | | | | | |
|  | and came to an end. | | | | | | | | | | | | | | | | | | | | | | |
|  | the birth parent was not living in a conjugal relationship of some permanence outside of marriage with anyone. | | | | | | | | | | | | | | | | | | | | | | |

| Form 34A: | | | | Affidavit of Parentage | | | | | | | | | | (page 2) | | | | | Court File Number | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | |  | | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| (b) | At the time of the child’s birth, the birth parent was | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | not married. | | | | | | | | | | | | | | | | | | | | |
|  | | married to *(spouse’s full legal name)* | | | | | | | | |  | | | | | | | | | | | |
|  | | not living in a conjugal relationship outside marriage. | | | | | | | | | | | | | | | | | | | | |
|  | | living in a conjugal relationship outside marriage with *(spouse’s full legal name)* | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | |
|  | | for a period of *(state duration of relationship)* | | | | | | | | | | | | |  | | | | | | | |
| (c) | Where the child was conceived through assisted reproduction, at the time of the child’s conception, the child’s birth parent | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | was not married. | | | | | | | | | | | | | | | | | | | | |
|  | | was married to | | | | (spouse’s full legal name) | | | | | | | |  | | | | | | | | . |
|  | | was living in a conjugal relationship outside marriage with | | | | | | | | | | | | | | | (spouse’s full legal name) | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | |
|  | | for a period of | | | *(state duration of relationship)* | | | | | | | | | | |  | | | | | . | |
|  | | (not applicable) | | | | | | | | | | | | | | | | | | | | |
| (d) | Under Ontario’s *Vital Statistics Act* or under similar legislation in another province or territory in Canada, | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | no person, to the best of my knowledge and information, | | | | | | | | | | | | | | | | | | | | |
|  | | *(person’s full legal name)* | | | | | | | |  | | | | | | | | | | | | |
| has certified the child’s birth as the child’s parent. | | | | | | | | | | | | | | | | | | | | | | |
| (e) | As of today’s date, | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | no other person has, to the best of my knowledge and information, been recognized by a court | | | | | | | | | | | | | | | | | | | | |
|  | | *(person’s full legal name)* | | | | | | |  | | | | | | | | | | has been recognized | | | |
|  | | by *(name of court)* | | | | |  | | | | | | | | | | | | | | | |
| to be a parent to the child. | | | | | | | | | | | | | | | | | | | | | | |
| (f) | In the 12 months before the child was placed for adoption, | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | no person | | | | | | | | | | | | | | | | | | | | |
|  | | *(person’s full legal name)* | | | | | | | |  | | | | | | | | | | | | |
| has demonstrated a settled intention to treat the child as a child of his or her own family. | | | | | | | | | | | | | | | | | | | | | | |
| (g) | In the 12 months before the child was placed for adoption, | | | | | | | | | | | | | | | | | | | | | | |
|  |  | no person has acknowledged to me or, to the best of my knowledge and information, to any other person or agency | | | | | | | | | | | | | | | | | | | | | |
|  | *(person’s full legal name)* | | | | | | |  | | | | | | | | | | | | acknowledged | | |
|  |  | | | to me | | | | | | | | | | | | | | | | | | |
|  |  | | | to *(name of other person or agency)* | | | | | | | |  | | | | | | | | | | |
| parentage of the child and provided for the child’s support. | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Form 34A: | | | | | | | Affidavit of Parentage | | | | | | | | | | | | | (page 3) | | | | | | | | | Court File Number | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (h) | | | | Prior to January 1, 2017, a statutory declaration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | has, to the best of my knowledge and information, never been filed by any person, | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | was filed by *(person’s full legal name)* | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| with the office of the Registrar General acknowledging parentage of the child. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (i) | | | | There is | | | |  | | no written agreement or court order requiring any person, | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | a written agreement made on *(date)* | | | | | | | | | | | | | | |  | | | | | | | | | , at | | |
|  | | *(municipality, etc.)* | | | | | | |  | | | | | | | | | | | | | | | | | | , | |
|  | | requiring *(person’s full legal name)* | | | | | | | | | | | | | |  | | | | | | | | | | | , | |
|  | | an order of *(name of court)* | | | | | | | | | | |  | | | | | | | | | | , made | | | | | |
|  | | on *(date)* | | | |  | | | | | | | | | | | | | | | | | | | , at | | | |
| *(municipality, etc.)* | | | | | | |  | | | | | | | | | | | | | | | | | | , | |
| requiring *(person’s full legal name)* | | | | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | to provide for the child’s support. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (j) | | | | There is | | | |  | | no written agreement or court order giving any person, | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | a written agreement made on *(date)* | | | | | | | | | | | | | | |  | | | | | | | , at | | | | |
|  | | *(municipality, etc.)* | | | | | | | |  | | | | | | | | | | | | | | | | | | , | |
| giving *(person’s full legal name)* | | | | | | | | | | | |  | | | | | | | | | | | | | | , | |
|  | | an order of *(name of court)* | | | | | | | | | | |  | | | | | | | | | , made | | | | | | |
|  | | on *(date)* | | | | |  | | | | | | | | | | | | | | | | | | , at | | | |
| *(municipality, etc.)* | | | | | | |  | | | | | | | | | | | | | | | | | | , | |
| giving *(person’s full legal name)* | | | | | | | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | custody of (including decision-making responsibility for) or access to (including parenting time or contact with) the child. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **7.** | | The review in paragraphs 5 and 6 indicates that, other than the person making this affidavit, | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | no other person | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | (full legal name of person(s)) | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | meets/meet the definition of “parent” whose consent would therefore be required before the child could be adopted. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sworn/Affirmed before me at | | | | | | | | | | |  | | | | | | | | | | | | | | |  |  |  | | | | | | | | |
|  | | | | | | | | | | | municipality | | | | | | | | | | | | | | |
| in |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | province, state or country | | | | | | | | | | | | | | | | | | | | | | | | | Signature  (This form is to be signed in front of a lawyer, justice of the peace, notary public or commissioner for taking affidavits.) | | | | | | | | |
| on |  | | | | | | | | | | |  |  | | | | | | | | | | | | |
|  | date | | | | | | | | | | | Commissioner for taking affidavits  (Type or print name below if signature is illegible.) | | | | | | | | | | | | |