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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). | | | | |
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|  |
| 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). | | | | |
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|  |
| **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.)* | | | | | | | | | | | |
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| Form 34D: | | | Affidavit of Adoption Applicant(s) | (page 2) | Court File Number |
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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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| Form 34D: | | | | | Affidavit of Adoption Applicant(s) | | | | | | (page 3) | | | | Court File Number | |
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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.)* | | | | | | | | | | | | | |
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| Sworn/Affirmed before me at | | | | | | | |  | | | | |  |  |  | | | |
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|  | | 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.) | |  |  |