

Court File Number

**Form 34E: Director's Consent to Adoption**

.....  
(Name of court)

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