

Manitoba Post-Adoption Services Contact Preference Cancellation

For questions or to submit your application:
Call: 1-855-837-5542 (toll free in Canada and the USA)
Email: postadoption@gov.mb.ca
Mail: Manitoba Post-Adoption Services
2nd Floor – 777 Portage Avenue
Winnipeg, Manitoba Canada R3G 0N3

Office use only
 Date Received:

A Contact Preference specifies the type of contact, if any, the person who filed it wishes to have with their birth parent or adult child, should they apply for the documents related to the birth/adoption. You must be 16+ years of age to complete a Contact Preference. No one can complete a Contact Preference on your behalf.

The purpose of this application is to cancel a previously filed Contact Preference.

Section 1 – Your Information

- I am the Adult Adoptee (must be 16+ years of age)
 I am the Birth Parent

First Name	Middle Name	Last Name	
Previous Names (i.e. maiden name)		Date of Birth (DD/MM/YYYY)	
Suite Number	Street Number	Street Name	
City/Town	Province/State	Country	Postal Code/Zip code
Home Phone		Cell Phone	
Email Address			

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Section 2 - Birth Information (complete all known information)

Complete if you are the Adult Adoptee:

Birth Name		Place of Birth
Birth Mother's Name	Birth Father's Name	
Adoptive Parent's Name	Adoptive Parent's Name	

Complete if you are the Birth Parent (you must complete a separate form for each child):

Child's Birth Name	
Child's Date of Birth	Child's Place of Birth
Birth mother's name (include maiden name)	Birth Father's Name

Section 3 – Contact Preference Cancellation

I am an adult adoptee and I would like to cancel a previously filed Contact Preference for my:

- Birth Mother
- Birth Father

OR

I am a birth parent and I would like to cancel a previously filed Contact Preference for my:

- Child listed in Section 2

Section 4 - Confirmation of Receipt

- I would like to receive confirmation that Manitoba Post-Adoption Services has received my Contact Preference Cancellation
- I do not require confirmation of receipt

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Section 5 – Identification

I have included a copy of one of the following government issued identification with my application:

- Driver's Licence Passport Birth Certificate Health Card Other

Section 6 – Understanding, Acknowledgement and Certification

By signing my name, I understand that the Director of Child and Family Services is obtaining personal information (including, if necessary for identification purposes, my Manitoba Health Registration Number) so that the Director can provide me with post-adoption services under the *Adoption Act*. I understand that my personal information is being collected under the authority of subsection 36(1)(b) of *The Freedom of Information and Protection of Privacy Act* and that my personal health information, if any, is being collected under the authority of subsection 12(1) of *The Personal Health Information Act*.

The information provided in this application is true and complete to the best of my knowledge. I certify that I am making this application in good faith and not for any improper purpose.

Signature

Date