



JEWISH FAMILY AND CHILD SERVICE OF GREATER TORONTO ("JF&CS")

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)

Multiple horizontal lines for providing a detailed description of the adoption information requested.

Signature (Client/SDM) \_\_\_\_\_ Date \_\_\_\_\_

For JF&CS Use Only
Date Received \_\_\_\_\_ Request \_\_\_\_\_ Comments \_\_\_\_\_