



**STATUTORY DECLARATION
AND UNDERTAKING
Pertaining to a No-Contact Declaration
as filed under the ADOPTION ACT**

Government Services

The information on this form is collected under the authority of the Adoption Act. The information provided will be used to fulfill the requirements of the Adoption Act for the release of adoption information. The release of this information is in compliance with the Adoption Act.

INFORMATION ABOUT THE PERSON APPLYING (Please Print)

APPLICANT'S DATE OF BIRTH MONTH DAY YEAR		APPLICANT BORN IN NEWFOUNDLAND AND LABRADOR <input type="checkbox"/> YES <input type="checkbox"/> NO	SHADED AREA FOR OFFICE USE ONLY APPLICATION FOR SERVICE NUMBER										
SURNAME		GIVEN NAMES											
MAILING ADDRESS													
CITY/PROVINCE/STATE/COUNTRY		POSTAL CODE											
HOME PHONE NUMBER ()		WORK PHONE NUMBER ()											

VS-007/05-06-28

Making a false statement:

A person must not make a statement that the person knows to be false or misleading in an application or in connection with an application for a copy of a birth registration or other record from the Vital Statistics Division, or for filing a disclosure veto or no-contact declaration.

A person who contravenes this section of the Act commits an offence and is liable on conviction to a fine up to \$10,000 and/or a term of imprisonment.

I, _____ do solemnly declare that:
(PLEASE PRINT FULL GIVEN NAMES AND SURNAME)

I will not:

- 1) knowingly contact or attempt to contact the person who filed the declaration;
- 2) procure another person to contact the person who filed the declaration;
- 3) use information obtained under this Act to intimidate or harass the person who filed the declaration; or
- 4) procure another person to intimidate or harass, by the use of information obtained under this Act, the person who filed the declaration.

I further understand that, should I fail to observe this Statutory Declaration and Undertaking under the Adoption Act, I have committed an offence, and am liable on conviction to a fine of up to \$10,000 and/or a term of imprisonment.

I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

Declared before me

at _____
in the _____ of _____
this _____ day of _____, _____.

Signature of Declarant

Commissioner of Oaths
Justice of the Peace
Notary Public (if completed outside Newfoundland & Labrador)

NOTE: Your signature may be witnessed at no extra charge at the Vital Statistics Division or Government Service Centres/Departmental Office in Newfoundland and Labrador.