



CHILD WELFARE RECORD REQUEST

(please return completed form to rd@facswaterloo.org)

Requests for Records can take 30 – 120 days to complete

Applicant's Personal Information PLEASE WRITE LEGIBLY			
First Name:	Last Name:	Other Names Used:	Have you ever been adopted: Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you identify as First Nations, Métis and/or Inuk/Inuit <input type="checkbox"/> First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuk/Inuit <input type="checkbox"/> Other _____			Gender Identity:
Date of Birth dd/mm/yyyy	E-mail address:	Telephone # (s):	
		Home <input type="checkbox"/>	Cell Phone <input type="checkbox"/>
Current Address (Street, Apt./Suite No., City, Postal Code):			
Previous Places of Residence (Street Name, City, Province, Country)			
		How long?	
		How long?	
Your Children's Names and Dates of Birth (for search purposes only)			
Reason for Request			
<input type="checkbox"/>	Record check for employment/volunteer purposes		
<input type="checkbox"/>	Access to my records or my children's records		
<input type="checkbox"/>	Non-identifying adoption disclosure		
<input type="checkbox"/>	Form completion (e.g. OSAP)		
<input type="checkbox"/>	I need to register/connect with my First Nation or Inuit or Metis community		
<input type="checkbox"/>	Other Reason: (please specify):		
Applicant's Declaration and Consent			
I hereby consent to a search being conducted of the records of Children's Aid Societies in Ontario and the examination and disclosure of any information in the possession of or under the control of a Children's Aid Society in Ontario. I understand that most Ontario Children's Aid Societies are using CPIN (Child Protection Information Network) as their documentation system. I understand that when an agency using CPIN searches for my record, it will find all records of my involvement with all Ontario Children's Aid Societies also using CPIN. I also understand that documentation regarding record checks will be entered in CPIN as a non-protection service.			
Applicant's Signature:		Date:	