

**CONSENT OF CHILD, 12 YEARS AND OLDER
TO REGISTER WITH THE POST-ADOPTION REGISTRY**

The Adoption Act – Section 119(2)

I, _____, the son/daughter of
(print name)

[parent(s) name(s)]

understand my parent(s) are registering on the Post-Adoption Registry on my behalf.

I am aware of his/her/their plan and am in agreement with it.

(signature of Child)

(date)

WITNESS PRINT NAME: _____

DATE: _____

WITNESS
SIGNATURE: _____
(Commissioner for Oaths, or Notary Public, or designated professional)

WITNESS INFORMATION:

Witness Occupation or Designation/Commissioner for Oaths commissioner expires:

Place of employment: _____

Address: _____

Daytime telephone number: _____