



## Application - Inheriting a deceased person's rights to adoption information

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This form is designed for a relative or significant other person of an adopted person or birth parent who is deceased.

**Please see the checklist included to help you complete this application.**

### SECTION 1 – Information about you

Surname		Title (Mr Mrs Ms)
First name		
Middle name/s		
Date of birth	/ /	(DD/MM/YYYY)
Home address (including postcode)		
Postal address (including postcode)		
Email address		
Mobile number		
Work phone number		
Home phone number		
Are you	<input type="checkbox"/> Adopted person <input type="checkbox"/> Birth parent <input type="checkbox"/> Adoptive parent <input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Other (specify)	
Are you	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Not Indigenous <input type="checkbox"/> Don't Know	

### SECTION 2 – Information about the adoption

Only complete the information that you know.

Date of birth of adopted child	/ /	(DD/MM/YYYY)
Place of birth of adopted child (hospital if known)		
Was the child under the care of the minister or in out-of-home care?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	

Birth mother's name at time of child's birth	Surname(s): First name(s):
Other names used by birth mother (i.e. maiden name, alias)	Surname(s): First name(s):
Birth father's name at time of child's birth	Surname(s): First name(s):
Child's name before adoption	
Child's name after adoption	
Adoptive parents' names	Surname(s): Mother's first name(s): Father's first name(s):
Adoptive parents' address at time of adoption	

### SECTION 3 – Information about your relationship with the deceased person

Please provide as much information as possible to the questions below. If there is not enough space for your response please attach a separate letter with your signature.

Name of deceased person	
Date of birth of deceased person	
Date of death of deceased person	
Age at death	
Place of death	
Cause of death (if known)	
<p>a. Name of the person who you feel is the deceased person's closest surviving relative / friend.</p>	
<p>b. Is this person aware of your application?      <input type="checkbox"/> Yes    What is their view on your application?  <input type="checkbox"/> No      Please explain why not?</p>	
<p>Are other close family members of the deceased aware of your application?  <input type="checkbox"/> Yes    What is their view on your application?  <input type="checkbox"/> No      Please explain why not?</p>	

What is your relationship to the deceased person? (For example: mother, sister, son, close friend)

Describe your relationship with the deceased person? (For example: close, estranged, long-term friend)

When did you first have contact with this person?

When did you last have contact with this person prior to their death?

What type of detailed information are you hoping to receive?

What are you planning to do with the information if you receive it?

Who are the people you think may be most affected if this adoption information is released to you?

How have you considered the age of the other person/s and what impact do you think it may have on the other person/s if this information is released to you?

Are you planning to make contact with the other person/s?  No  Yes If yes, how?

Explain how you would share news of the death of the deceased person with any person you may contact.

Explain how you would manage a situation where the other party refuses contact with you.

What other information can you provide that you consider relevant to your application?

#### **SECTION 4 – Declaration**

I, the person named in section 1:

- wish to apply to be considered to inherit the rights of a deceased adopted person or a deceased birth parent and declare that to the best of my knowledge the particulars shown above are true and correct
- understand that my application will be assessed in accordance with the requirements of s137 of the *Adoption Act 2000*
- understand that if my application under s137 is not approved it may be possible for me to apply to be considered to register my name on the Reunion and Information Register (RIR) which is maintained by the Department of Family and Community Services (FACS)
- acknowledge that it is an offence under the Adoption Act 2000 punishable by 25 penalty units or twelve months imprisonment or both, to knowingly make any false statement in connection with this application
- understand that it is my responsibility to keep the FACS Adoption Information Unit (AIU) informed in writing of any changes to my contact details and that if I notify AIU of any changes I must also provide certified copies of proof of identity documents. This is to ensure that AIU can contact me should the need arise
- have attached the required certified identification documentation.

Signed \_\_\_\_\_ Date / / (DD/MM/YYYY)

## Checklist of documents to include with your application

Your application can't be processed until all documentation is received and certified.

- 1. Completed application form.
- 2. Evidence of the death such as the copy of the death certificate or particulars of the funeral director or probate notice.
- 3. Evidence of your relationship with the deceased person such as a birth certificate or a marriage certificate. If you are not related, other evidence will be required to establish your relationship. This can be discussed with a caseworker at the AIU.
- 4. Two forms of \*certified identification at least one of which includes your signature.  
Examples of identity documents include: photo driver's license, Medicare card, passport, birth certificate, health care or pension card and student card.
- 5. \*Certified evidence of change of name, if applicable.  
If you have changed your name please provide either; marriage certificate, change of name certificate or a statutory declaration explaining why you cannot provide documents showing your change of name and how you did this.

\*All identification must be certified as a 'true copy of the original document'. The following people can certify copies of your original documents: a justice of the peace, caseworker of an adoption agency, doctor, solicitor, chemist or police officer.

## How to submit your application

Applications must be posted to FACS Adoption Information Unit. They can't be received electronically.

Post the application to:                      Adoption Information Unit  
    Department of Family & Community Services  
    Locked Bag 4028  
    ASHFIELD NSW 2131

## Contact us if you need any help to complete your application

Phone:    1300 799 023 (local call within Australia)  
Website:     [www.community.nsw.gov.au/adoption](http://www.community.nsw.gov.au/adoption)