



Application form – Contact Veto Register

This form is designed for birth parents and adopted people who wish to lodge a Contact Veto:

Please see the checklist included as part of this document to help you complete this application.

SECTION 1 – Information about you

Your present surname		Title (Mr Mrs Ms)
Your first names		
Your middle name		
Your 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	
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 – Details of Contact Veto Request

Please tick relevant boxes

<input type="checkbox"/>	I am an adopted person	
	I veto contact being made with me by the following people	<input type="checkbox"/> my birth mother <input type="checkbox"/> my birth father <input type="checkbox"/> Any brothers or sisters who were also adopted <input type="checkbox"/> Any other person who may be entitled to obtain my identifying information
<input type="checkbox"/>	I am a birth parent	
	I veto contact being made with me by the following people	<input type="checkbox"/> my son <input type="checkbox"/> my daughter <input type="checkbox"/> Any other person who may be entitled to obtain my identifying information

SECTION 4 – Message I authorise to be passed on should an application be made

Please write your message here or attach a letter to this application. It is an offence to leave a message intended to intimidate, harass or threaten a person.

SECTION 5 – Declaration

I, the person named in section 1:

- wish to register my name in the Contact Veto Register
- declare that to the best of my knowledge, the particulars shown are true and correct
- 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 Registration
- understand that I will be notified by Department of Family and Community Services (FACS) at the address shown on this form or address subsequently advised by me, of any Application to obtain identifying adoption information, made by any person with whom I have requested Advance Notice
- understand that it is my responsibility to keep the 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.

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. 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.
- 3. *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.
- 4. If you want to leave a message on the RIR, please attach a message / letter to this application.

*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