

Adoption Act 1988 (Tas)

Registration with the Adoption Information Register

➤ Please read the enclosed brochure before completing this form.

I. YOUR PERSONAL DETAILS

Mr/Mrs/Ms/Miss/Other – Please state

Surname: Maiden name:

Given Names:

Address:

.....

State:Postcode:

Date of Birth:

Place of Birth:

If you agree that we may contact you by telephone or e-mail , please provide details:

Home:Work:Mobile:

Email:.....

Mailing Precautions (if required): Please indicate your preference/s

Plain envelope Marked Private & Confidential

Forwarded C/- of another address - please state below:

.....

.....

.....

State:Postcode:

ARE YOU OF ABORIGINAL OR TORRES STRAIT ISLAND ORIGIN?

(For persons of both Aboriginal and Torres Strait Islander, mark both “Yes” boxes)

Yes, Aboriginal Yes, Torres Strait Islander No

YOUR PERSONAL DETAILS (cont)

Proof of Identity – In order for us to process your application, please provide a certified true copy of a signed photo identification document, such as your driver’s licence or passport. If your driver’s licence does not show your current residential address please provide a certified copy of an official letter which shows your current residential address. If you do not have a signed photographic identification document, please provide certified copies of two other documents that show your identity, such as your Medicare card, pension card or official letter. If you are unable to provide these documents, please contact Adoptions and Permanency Services on 03 6166 0422.

NB: A certified copy is a photocopy of an original document which has been certified by a Commissioner for Declarations or Justice of the Peace. The institution official must view the original and sign the copy. Commissioners for Declarations include: full-time teachers at a school / tertiary institution, Public Sector permanent employees with 5 years continuous service, Bank Officers with 5 years continuous service, Police Officers, Members of Parliament or local government councillors, Ministers of Religion under the Marriage Act 1961.

Change of Name – If you have changed your name, you will need to provide us with a certified true copy of documents that are proof of your name change such as a marriage certificate(s) and or change of name certificate(s).

Family Relationship – If you are applying for information about someone else you will need to provide us with certified true copies of documents that are proof of your family relationship to them e.g. birth certificate and or marriage certificate. If the person you are seeking information about is deceased you need to provide a certified true copy of their death certificate.

Privacy – The Department of Health and Human Services is bound by the Tasmanian personal information protection laws under the *Personal Information Protection Act 2004*.

2. FOR THIS APPLICATION - ARE YOU APPLYING AS

An adult adopted person

An adopted person aged under 18 years

A birth parent

An adoptive parent

A *birth relative

***birth relatives are defined by the Act as “grandparents, uncle, aunt, brother or sister” of the adopted person, or a lineal descendent.**

A birth child of an adopted person

An adopted person under *guardianship

**Children, Young Persons and Their Families Act 1997*

3. ADOPTED PERSON’S BIRTH DETAILS

Name of adopted person at birth (if known)

.....

Sex of adopted person (if known) Male Female

Date of birth of adopted person (if known)/...../.....

Place of birth of adopted person (if known)

Birth mother’s full name at the time of the adoption (if known)

.....

Birth father’s full name at the time of the adoption (if known)

.....
Adoptive mother's full name (if known)

.....
Adoptive father's full name (if known)

.....
Any other information you may have eg Address of birth parents or address of adoptive parents at the time of the adoption.
.....
.....

4. ADOPTED PERSON

Only complete this section if you are an adopted person.

I am applying for information from the record of my adoption. Yes No

I am applying for access to my pre-adoption birth record. Yes No

Access to other Records:

I wish to apply for any other personal information related to my birth or adoption that may be held by a Tasmanian Health Organisation, the Department of Health and Human Services or a Non-Government Organisation (eg medical or other records).

Yes No

I have previously been in Foster Care or other form of State Care and wish to apply for my State Care case files.

Yes No

I give consent to a check of records of the Department of Health and Human Services, the Tasmanian Health Organisations or a relevant Non-Government Organisation and the release of this information to Adoptions and Permanency Services.

Yes No

Full name:

Signed: Date:.....

PERMISSION FOR ADOPTEES AGED UNDER 18 YEARS

4 (a) ADOPTIVE PARENT/S

Written permission can be given by completing this form or by the attachment of a separate letter

I/We
 (state full name or names)
 being the adoptive parent/s of:
 born on/...../..... in hereby give permission for my
 son/daughter to:

Register on the Adoption Information Register	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Obtain Information from his/her record of adoption.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Obtain Access to his/her pre-adoption birth record.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Signed:.....Date:.....
 Signed:.....Date:.....

If one or both parents are deceased please attach copy of death certificate/s.

4(b) BIRTH PARENTS PERMISSION FOR ADOPTEES AGED UNDER 18 YEARS

You may only access the pre-adoption birth record with the written agreement of your birth mother and if named on that record, your birth father.

I request the Adoption Information Service to seek the written agreement from my birth parent/s.

Yes No

5. ADOPTED PERSON

The form below must be completed if you require authority for access to your original birth record.

FORM 16
 Tasmania
Adoption Act 1988

Regulation 39 (a)

APPLICATION UNDER SECTION 80

I(Full name)
 of(Address)
 in the State of, being an adopted person within the meaning of the *Adoption Act 1988*, apply for a certificate to the effect that the requirements of Section 80 of the Act have been complied with.

.....
 (Signature of Applicant)

.....
 (Date)

6. ADOPTIVE PARENTS (if you are an adoptive parent please complete the following)

NOTE: Information which identifies a birth parent or natural relative of the adopted person will only be disclosed with the written agreement of the person identified and when the adult adopted person has been notified. You may ask the Adoption Information Service to seek this written agreement.

I/We
(state full name or names)

being the adoptive parents of:

.....
born on/...../..... in hereby apply for information from
the record of the adoption.

If required, I request the Adoption Information Service to seek written permission from
person/s identified on the Adoption Record. Yes No

Signed:.....Date:.....

Signed:.....Date:.....

7. BIRTH PARENTS AND BIRTH RELATIVES

(if you are the birth parent or natural relative of an adopted person please complete the following)

RELATIONSHIP:

I, being the
(state relationship)

of an adopted person, apply for information from the record of the adoption.

Signed:.....Date:.....

BIRTH PARENTS:

I wish to apply for any other personal information related to the birth or adoption of my child that may be held by a Tasmanian Health Organisation, the Department of Health and Human Services or a Non-Government Organisation (eg. medical or other records).

Yes No

I give consent to a check of records of the Department of Health and Human Services, the Tasmanian Health Organisations or a relevant Non-Government Organisation and the release of this information to Adoptions and Permanency Services.

Yes No

Full name:

Signed: Date:.....

8. CONTACT WITH OTHER PEOPLE INVOLVED IN THE ADOPTION

WISHES TO BE RECORDED ON ADOPTION INFORMATION REGISTER

You may record your wishes about contact with a person related to you on the Adoption Information Register.

Yes

I wish to make contact with my:

.....
.....
.....

No

Undecided

8(a) MESSAGE (OPTIONAL)

You might like to pass on details of your interests, health issues, height and colouring, whether you are married and have children etc

I have attached a letter for the Adoption Information Service. Yes No

If you do not wish to attach a letter you may write a message in the space below. Information you write may be passed on to a person registering with the Adoption Information Service.

.....
.....
.....
.....

Signed:.....Date:/...../.....

8(b) CONTACT VETO REGISTRATION

Only complete this section if you have decided that you do not wish to be contacted by a birth relative or any other person involved in the adoption. You may register a veto in relation to contact by one or more people.

You must include your address with a request to register a Contact Veto. A Veto will not be recorded unless your name, date of birth and address are provided. Your address will remain confidential.

I wish to register a contact veto.

I do not wish to be contacted by my:

Birth Child Date of Birth:

Birth Mother

Birth Father

Birth Relatives
Please specify
.....
.....
.....

A contact veto may remain in force until you decide to withdraw it or for a limited time determined by you.

I wish this veto to remain effective until withdrawn by me in writing.

OR

This veto may be lifted after:

...../...../..... (Please give date)

I understand that information which may identify me will be released only to a person eligible to apply under Part VI of the Adoption Act 1988 and after the inquirer has signed a legally binding undertaking not to attempt to make direct or indirect contact with me.

I wish to be notified by the Adoption Information Service of any request for information which may result in disclosure of my identity at the time of the adoption.

Yes No

Signed:.....Date:.....

9. TASMANIAN APPLICANTS

Registrants who live in Tasmania are required to attend an interview with an approved Counsellor before receiving information.

You may choose to be interviewed by a Counsellor from the Department of Health and Human Services (DHHS) or a Counsellor from the Catholic Private Adoption Agency (CPAA). Please indicate your preference below:

DHHS Counsellor

CPAA Counsellor

10. NON TASMANIAN APPLICANTS

STATUTORY DECLARATION OF RESIDENCE

If you are a resident of Tasmania you do not need to complete this declaration.

I,.....
(state full name)

of.....
(state full address)

in the State of....., do solemnly and sincerely declare that I am **NOT** a resident of Tasmania, and I make this solemn declaration under the **Oaths Act, 2001**.

Signed:

Declared at:.....

This the.....day of.....20 ...

Before Me:.....
(Name of Witness, Please Print)

Signed:.....
(Justice of the Peace or Commissioner for Declarations,

Ex-officio Status e.g. nurse, public servant, medical practitioner)

II. FEES (1.7.2017– 30.6.2018)

Cheques or money orders should be made payable to the Department of Health and Human Services (DHHS) and marked 'NOT NEGOTIABLE'. Registrations will not be processed without enclosing the appropriate fee.

NOTE: Fees are usually increased on an Annual basis, if you are completing this form out of the year indicated, please contact Adoption & Information Service for current fees.

DO NOT SEND CASH BY POST

Registration only: (Registration of Contact Veto, Contact or Wishes)	\$31.00
Request for Information) (must be registered to apply for Information)	\$77.50
Registration and Request for Information	\$108.50

II (a) APPLICATION TO REDUCE OR WAIVE FEES DUE TO HARDSHIP

All fees will be waived for adoptions that occurred prior to 1988 in recognition of forced adoption practices. Fees may be reduced in some other circumstances where payment in full would cause hardship. There is no charge for counselling.

II (b) FEE REDUCTION APPLICATION

To apply for the fee reduction of half of the full fee, please complete the following section and provide a certified true copy of your current signed pensioner benefit or concession card.

I, _____ of _____
(your name) (your address)

Wish to make application to reduce the prescribed full fee by half.

Signed:.....Date:...../...../.....

II (c) FEE WAIVER APPLICATION

If you are having difficulty with the current fee and are seeking a full fee waiver, please complete this section and provide a certified true copy of your current signed pensioner benefit or concession card and state the reasons why

I, _____ of _____
(your name) (your address)

Wish to make application to waive the prescribed fee because:
(please state reason why below)

Signed:.....Date:...../...../.....

12. CHECK LIST (✓)

Have you completed your personal details (1) and your status (2)?	
Have you included a certified copy of a photo identification document? If you have changed your name through either marriage or a registered change of name, have you included a certified copy of this document? <i>NB: A certified copy is a photocopy of an original document which has been certified by a Commissioner for Declarations or Justice of the Peace. The institution official must view the original and sign the copy.</i> <i>Commissioners for Declarations include: full-time teachers at a school / tertiary institution, Public Sector permanent employees with 5 years continuous service, Bank Officers with 5 years continuous service, Police Officers, Members of Parliament or local government councillors, Ministers of Religion under the Marriage Act 1961.</i>	
If you are an adopted person, have you completed (3), (4) and signed (5)?	
If you are an adopted person aged under 18 years, have your adoptive parents signed 4(a) or attached a letter of authority?	
If you are a birth parent or natural relative, have you completed and signed (7)?	
If you are an adoptive parent(s) have you completed and signed (6)?	
Contact with Other People: Have you completed 8 and signed 8(a)?	
Contact Veto: Have you completed 8(a) and signed 8(b)?	
Message 8 (a): Have you signed and attached your letter?	
Fees: Have you enclosed the appropriate fee?	
If you are requesting a reduction or waiver of fee, have you completed 11b or 11c?	

RETURN THIS FORM TO:

Adoptions and Permanency Services
Children and Youth Services
Department of Health and Human Services

GPO Box 538
HOBART TAS 7001

OR

Wingfield Building South
St Johns Park
NEW TOWN TAS 7008

ENQUIRIES:

Telephone: (03) 6166 0422

E-mail: Adoption.Service@dhhs.tas.gov.au

