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|  | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Before you fill in the form An eligible person can use this form to apply for information about an adopted person under Part 6 of the *Adoption of Children Act 1994* (NT). The Act determines the information that can be shared with you.  For adoptions that occurred before 3 May, 1994, the amount of information provided is based on the following factors:   * whether the person you are seeking information on has prohibited the release of the information (a Notice of Prohibition is valid for up to 3 years, and can be renewed) * whether you are a birth parent, an adopted person, or an adoptive parent * the amount of detail contained in the files located (files were written according to the legislative requirements of the time).   For adoptions that occurred after 3 May 1994, applicants can apply for information about an adopted person, a relinquishing parent or the adoptive parent.  Family Information Service can’t provide information about the personal affairs of any person other than the applicant. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fields marked with an asterisk (\*) are required. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Identification needed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| You will need to provide 2 certified photocopies of identification documents so we can verify your identity.  Your documents must be current. Expired licences and passports will not be accepted.  Your documents must include at least one piece of photo identification and one with your address. The following forms of ID are accepted:   * Australian passport * Australian driver licence * Australian citizenship certificate * birth certificate * Centrelink, Medicare or health care card * council rates notice with your name and current residential address * current and valid working with children clearance notice or Ochre Card * foreign driver licence * identity document issued by an Aboriginal Land Council that has your photograph * photo ID card showing you are a Commonwealth, state or territory government employee * Evidence of age or proof of age card issued by any Australian state or territory * statutory declaration confirming your identity written by someone you have known for at least a year. It must include all your previous names and a passport-sized photo of yourself. You must submit the original signed version of the statutory declaration, not a photocopy * utilities notice with your current residential address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title | |  | | | | | | | | | | | | | | | | | | Date of birth\* | | | | | | |  | | | | | | | | | | | | | | |
| Given name/s\* | | | | | | | | |  | | | | | | | | | | | | | | Middle name/s | | | | | |  | | | | | | | | | | | | |
| Family name\* | | | | | | | | |  | | | | | | | | | | | | | | Phone number\* | | | | | | |  | | | | | | | | | | | |
| Residential address\* | | | | | | | | | | |  | | | | | | | | | | | | Email\* | | | |  | | | | | | | | | | | | | | |
| Postal address (if different to residential) | | | | | | | | | | | | |  | | | | | | | | | | Date adoption occurred\* | | | | | | | | | | | |  | | | | | | |
| Preferred contact method\* - mark with an ‘X’ | | | | | | | | | | | | | | | | | | | | | | | | | Phone | | |  | | | Email | | | | |  | | Mail | | |  |
| Accessibility requirements | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If you have any accessibility requirements and need National Relay Service or an interpreter service, complete below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes/No | | | | If yes, provide details | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Person completing this form | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mark with an ‘X’ which applies to you | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adopted person | | | | | | | | | |  | Adoptive parent | | | | |  | | Birth parent | | |  | | Relative of an adopted person | | | | | | |  | | Relative of a birth parent | | | | | | | | |  |
| Other | | |  | | | If other, provide details | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| If a relative, provide relationship type | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Tell us who you are requesting information about | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mark with an ‘X’ which applies | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Birth mother | | | |  | | | | Birth father | | | |  | | A relinquished son | | | | | | |  | | A relinquished daughter | | | | | | |  | | | Another person | | | | | | | |  |
| If another person, provide details | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Information needed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I am requesting the following information – mark with an ‘X’ which applies | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| All available information | | | | | | | | | | | | |  | | Information that identifies the person/s I am enquiring about – such as names and addresses | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Non-identifying information that was recorded concerning the person/s I am enquiring about | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Adopted person only – mark with an ‘X’ which applies | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Documentation that will allow me to obtain my original birth certificate | | | | | | | | | | | | | | | | | |  | | | Identifying information on the parties to the adoption – such as my birth parents names | | | | | | | | | | | | | | | | | | |  | |
| Have you previously applied to Family Information Service for information before? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes/No | | | | If yes, provide details | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you identify as one of the following? Data collection purposes only - mark with an ‘X’ which applies | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| An Aboriginal but not Torres Strait Islander person | | | | | | | | | | | | | | | | | |  | | | A Torres Strait Islander but not Aboriginal person | | | | | | | | | | | | | | | | | | |  | |
| Both an Aboriginal and Torres Strait Islander person | | | | | | | | | | | | | | | | | |  | | | Neither an Aboriginal nor Torres Strait Islander person | | | | | | | | | | | | | | | | | | |  | |
| Don’t know | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| About the adoption | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provide all details known to you about the adoption | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adopted person’s name at birth | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Date of birth of adopted person | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Place of birth of adopted person | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Birth mother’s name at time of birth | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Birth father’s name | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Birth parents address at time of adoption | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Adoptive name | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Adoptive mother’s name | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Adoptive father’s name | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Adoptive parents address at time of adoption | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Agency involved in the adoption | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Any other relevant information | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| It’s a requirement the applicant must receive counselling before any information can be released | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Choose from the below options - mark with an ‘X’ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I wish to receive counselling from the Northern Territory’s Adoption Unit. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| I wish to receive counselling from a counsellor/psychotherapist registered with the Australian Register of counsellors and psychotherapists and their details are recorded below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| I wish to receive counselling from a psychologist registered with the Psychology Board of Australia and their details are recorded below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| The name and contact details for the service provider I will receive counselling from | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provider name | | | | | | | | |  | | | | | | | | | | | | | | | Contact person | | | | | | |  | | | | | | | | | | |
| Phone | | |  | | | | | | | | | | | | | | | | Email address | | | | |  | | | | | | | | | | | | | | | | | |
| **If you are an adopted person under 16 years, written consent from your adoptive parent/s is required** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Both of your adoptive parents, where applicable must sign below | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | | | |  | | | | | | | | | Date | | |  | | | | | Signature | | | |  | | | | | | | | | Date | |  | | | | |
| **Declaration** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I declare that the information provided is true and correct to the best of my knowledge.  I confirm that I have attached 2 certified copies of ID as required on the first page.  I understand that by signing this form, I agree to the Family Information Service communicating with other relevant organisations on my behalf to seek or release any information relating to my enquiry.  I acknowledge that I have read the below collection notice. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Date | | | |  | | | | | | | |
| Collection notice The *Adoption of Children Act 1994* requires applications for adoption information to be treated with strict confidentiality. The Family Information Service will discuss these requirements with you.  Your personal information is treated in accordance with the *Adoption of Children Act 1994* and in accordance with the Information Privacy Principles (IPPs) set out in the *Information Act 2002*. Further information Email TFHC.Adoptions@nt.gov.au or call 08 8922 5519. How to submitEmail your completed form, supporting identification/documents to [TFHC.Adoptions@nt.gov.au](mailto:TFHC.Adoptions@nt.gov.au) or mail to: NT Adoption Unit - Territory Families, Housing and Communities PO Box 37037 Winnellie NT 0821 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| End of form | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |