

FORM 19

(Family Services Act, S.N.B. 1980, c.F-2.2, s.79(3))

NOTICE OF INTENTION TO APPLY FOR AN ADOPTION ORDER

To: The Minister of Social Development

Take notice that I , and I , of in the of and Province of New Brunswick hereby give you notice of my(our) intention to apply for an adoption order effecting the adoption of (the "child")

. (given name(s), initial letter of surname and birth registration number) who was born on at the in the Province of New Brunswick. (day/month/year) (place of birth)

1 The child is/is not related to me (us). (If related, state nature of relationship.)

2 Check one:

[] The child is in the care of the Minister.

- OR -

[] The adoption is private. The name(s) and address(es) of the parent(s) of the child (or the guardian(s) if the parents are dead) are

3 I(We) understand that:

(a) the court may require the Minister to cause an investigation to be made into the adoption placement and to provide a report to the court;

(b) it is an offence under the Family Services Act, whether before or after the birth of a child, to make, give or receive or agree to make, give or receive a payment or reward or favour for or in consideration of or in relation to

- (i) the adoption or proposed adoption of a child,
(ii) the giving of consent or the signing of an adoption consent to the adoption of a child,
(iii) the placement of a child with a view to the adoption of the child, or
(iv) the conduct of negotiations or the making of arrangements with a view to the adoption of a child.

4 I(We) agree to furnish such information as may be required if the court requests an investigation to be made into the adoption placement.

DATED at , this day of , 20

. (signature)

. (signature)