

FORM 20

(Family Services Act, S.N.B. 1980, c.F-2.2, s.79(4))

NOTICE OF HEARING

To: The Minister of Social Development

TAKE NOTICE that I , and I
of in the of and Province of
New Brunswick have applied for an adoption order effecting the adoption of
(given name(s), initial letter of surname and
....., who was born on at the.....
birth registration number) (day/month/year)
of in the Province of New Brunswick.

AND FURTHER TAKE NOTICE that the adoption application will be heard at ,
on , the day of , 20....
at the hour of o'clock in the forenoon(afternoon) or as soon thereafter as possible.

DATED at , this day of , 20....

.....
(signature)

.....
(signature)