

**FORM 18**

*(Child and Youth Well-Being Act, S.N.B., 2022, c.35, s.90(1))*

Court File Number .....

IN THE COURT OF KING’S BENCH OF NEW BRUNSWICK  
FAMILY DIVISION  
JUDICIAL DISTRICT OF .....

**APPLICATION FOR AN ADOPTION ORDER**

Name of child, youth or adult: .....

Date of birth: ..... Birth registration number: .....

Name of Applicant(s): .....

Address for service: .....

Telephone number: .....

Counsel: *(If represented by counsel, give full name, address and telephone number)*

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.....

Information with respect to the Applicant(s):

Date of birth: .....

Place of residence: .....

Occupation: .....

If related to the above-named child/youth/adult, nature of relationship:

1. I/We hereby make application for an adoption order effecting the adoption of the above-named child, youth or adult.

2. I/We request that the name of the above-named child, youth or adult after the adoption be

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3. The application is made for the following reasons *(list)*:

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.....  
.....

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

. . . . .  
(signature of Applicant)

. . . . .  
(signature of Applicant)