



(BIOLOGICAL PARENTS)

At _____
(City, Province)

of _____, in the Province/Territory of _____
(City/town, etc.)

(Date of birth of child)

(Date of birth of parent)

whose registration number is _____ and date of birth is _____
(Registration number of other parent) (Date of birth of other parent)

X _____

This _____ day of _____

x

Witness' stamp giving title and authorization