

Protected B (when completed)

The personal information collected through the Post Guardianship Information Request (PGIR), Alberta Children and Family Services, Records, Registry and Connections program is collected for the purpose of providing Child Intervention records to individuals who received Child Intervention Services in Alberta. This collection is authorized by section 33 (a) and (c) of the *Freedom of Information and Protection of Privacy Act* and under the authority of the *Child, Youth and Family Enhancement Act*. For questions about the collection of personal information, contact Children and Family Services, Records, Registry and Connections, at 780-427-6387, mail to Records, Registry and Connections, 10th Floor, Sterling Place, 9940 – 106 Street, Edmonton, AB T5K 2N2, or email at CS.RRC@gov.ab.ca.

Current Last Name	Current First Name	Current Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Birth Last Name (If known)	Birth First Name (If known)	Birth Middle Name (If known)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth yyyy-mm-dd	Other Name(s) (e.g. alias, maiden, etc.)	Pronouns
<input type="text"/>	<input type="text"/>	<input type="text"/>

Were you adopted? Yes No Unsure

If you were adopted, did you spend time in care after adoption? Yes No Unsure

Mailing Address	City or Town	Province	Country	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address	Home Phone	Work Phone	Cell Phone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

We will need to contact you prior to releasing your records. Please provide your preferred method of contact

Birth Mother's Last Name (If known)	Birth Mother's First Name (If known)	Date of Birth yyyy-mm-dd (If known)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Birth Father's Last Name (If known)	Birth Father's First Name (If known)	Date of Birth yyyy-mm-dd (If known)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Are you aware of any siblings? Yes No

If Yes, Provide the Name(s) and Date(s) of Birth Below.

Last Name	First Name	Date of Birth yyyy-mm-dd
<input type="text"/>	<input type="text"/>	<input type="text"/>

Information you would like to receive:

- All information available to me
- I only want to receive certain information about: _____
- I would also like to receive adoption records for myself and/or my siblings (For Adopted Persons Only)

Please include copies of 2 pieces of identification; i.e. driver's license, health care, birth certificate.
If identification is a barrier, please contact our office.

Date yyyy-mm-dd

Signature

Mail: Records, Registry & Connections
10th Floor, Sterling Place 9940 -106 Street
Edmonton, AB T5K 2N2

Phone: 780-427-6387

Fax: 780-427-2048

Email: CS.RRC@gov.ab.ca

Website: <https://www.alberta.ca/records-registry-connections.aspx>