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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ONTARIO | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |  | Court File Number | |
| (Name of court) | | | | | | | | | | | | | | Form 34E: Director’s Consent to Adoption | |
| **at** | |  | | | | | | | | | | | |
|  | | Court office address | | | | | | | | | | | |
| **Applicant(s)** *(The first letter of the applicant’s surname may be used)* | | | | | | | | | | | | | | | | |
| *Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).* | | | | | | | |  | *Lawyer’s name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).* | | | | | | | |
|  | | | | | | | |  | | | | | | | |
| **Child** | | | |  | | | | | | | | | | | | |
|  | | | | (Child’s full legal name. If the child is in extended society care or was placed by a licensee or children’s aid society, you may use an initial for the surname.) | | | | | | | | | | | | |
|  | |  |  | | | |  |  | | | | |
| Date of birth | | Sex | | | | Birth registration number | | | | |
| **1.** | | | My name is (full legal name) | |  | | | | | | | | | | | and I am |
|  | | appointed as a Director under the *Child, Youth and Family Services Act, 2017.* | | | | | | | | | | | | | |
| **2.** | | An order was made placing the child in extended society care on (date) | | | | | | | | | |  | | | |
|  | | and was placed into the care of (full legal name of children’s aid society) | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | |
| 3. | | I consent to this child’s adoption by the applicant(s). | | | | | | | | | | | | | |
|  | | | | | | |  | |  | | | | | | |
| Date of signature | | | | | | |  | | Signature | | | | | | |