



## Adoption Central England

### Registration of a *qualified veto*

- Adoption and Children Act 2002
- The Adoption Information and Intermediary Services (pre-Commencement Adoptions) Regulations 2005 Regulation 8.

Current Name	
Address	
Tel. No.	
E-Mail	
Date of Birth	
Birth name	
Adoptive name	
Date of Adoption	

### DECLARATION

I wish to register a Qualified Veto and wish to place on record that I do not wish to receive an approach from an Intermediary Agency on behalf of any birth relative from whom I have been separated by adoption unless specified below:

- I wish to be contacted if the enquirer is a birth mother/father  
**Yes/No**
- I wish to be contacted if the enquirer is a birth sibling  
**Yes/No**
- I wish to be contacted if the enquirer is a birth grandparent/aunt/uncle/cousin  
**Yes/No**
- I wish to be contacted if the person making the enquiry was also adopted and has no contact with our shared birth family  
**Yes/No**
- I wish to be advised if an intermediary is aware that the person seeking contact with me is terminally/seriously ill  
**Yes/No**
- I wish to be advised of any significant genetic condition affecting members of my birth family  
**Yes/No**
- I wish to be advised if a medical practitioner recommends that I undergo a health check  
**Yes/No**