

Court File Number

(Name of court)

**Form 34J: Affidavit of Execution
and Independent Legal Advice
(Children's Lawyer),
sworn/affirmed**

at _____
Court office address

My name is (full legal name) _____

and I swear/affirm that the following is true:

1. I am an authorized representative of the Office of the Children's Lawyer in the adoption of:

<i>Full legal name of child</i>	<i>Date of birth (d, m, y) and sex</i>

2. I explained to (minor parent's full legal name) _____ about

the nature and effect of adoption under the law of Ontario;
the nature and effect of a consent to adoption;
the right to counselling;
his/her rights and the rights of other persons with respect to the disclosure of adoption information;
the right upon request to be advised whether an adoption order has been made,

in language appropriate to his/her age to the best of my knowledge and skills.

3. I also explained that he/she could withdraw the consent within 21 days by a written notice. I gave him/her the address where the written notice would have to be served. I also explained that, after the 21 days had passed, he/she could withdraw the consent only with the court's permission but only if the child had not yet been placed with a person for adoption and if he/she could convince the court that it would be in the child's best interests to have the consent withdrawn.
4. After my explanation, he/she told me that he/she wanted to sign the consent to adoption and I believe that this reflects his/her true wishes.
5. I was present at and witnessed the signing of the consent.

Sworn/Affirmed before me at _____
municipality

in _____
province, state or country

on _____
date

Commissioner for taking affidavits
(Type or print name below if signature is illegible.)

Signature

(This form is to be signed in front of a lawyer,
justice of the peace, notary public or
commissioner for taking affidavits.)