

FORM 24

(Child and Youth Well-Being Act, S.N.B., 2022, c.35, s.94(6))

To: Minister of Social Development

NOTICE OF ADOPTION HEARING

Take notice that (full name(s))

residing at (address)

has/have applied for an adoption order effecting the adoption of the following child/youth:

Name of child or youth:

Date of birth: Birth registration number:

And further take notice that the adoption application will be heard at the following date, time and location:

Date:

Time:

Location:

DATED at, this day of, 20....

.....
(signature)

.....
(signature)