



Payukotayno James & Hudson Bay Family Services

Request for Information

PART A: Contact Information of Requester

Given Name:		Middle Name:	
Current Last Name:		Maiden Name: (or other surnames)	
Address:	Apt.	P.O. Box	
City:	Province:	Postal Code:	
Previous Addresses:			
Telephone:		Date of Birth:	
Language:			
Child's Name:		Date of Birth:	
Child's Name:		Date of Birth:	
Child's Name:		Date of Birth:	
Please note: Information below is required for search purposes only			
Your Parent's Name:		Date of Birth:	
Your Parent's Name:		Date of Birth:	
Please provide a detailed description of the personal information you are requesting and details that will assist in locating this information (such as dates, names of staff, location etc.):			

Requesting information regarding:

Replacement Documents	Former Extended Society Ward File
Former Client Information	Record Check
Please specify:	Please specify:

I hereby confirm that I have custody of the children for whom I am requesting disclosure:

YES (please attach relevant court orders to this request) Yes No Not Applicable

PART B: Signed Statement of Applicant

(Please return completed form with photocopy of piece of identification or make arrangements to present physical identification. Identification is used to verify requester and copies will be destroyed after verification.)

I hereby certify that the information I provided on this request form is true and correct to the best of my knowledge and belief.

I agree and understand that by submitting this Request for Information to a child welfare society my personal information contained within this form will become part of the Society's electronic filing system on the day the form is submitted to a Child Welfare Society.

Signature

Witness Name (Print)

Date

Signature

Date

This Section is for Office Purposes Only

I, _____ verified identification of the individual requesting disclosure as follows: _____.