



# PAYUKOTAYNO

James and Hudson Bay Family Services

**HEAD OFFICE:**

**FINANCE**

48 Jaban Street. P.O Box 209

MOOSE FACTORY, Ontario P0L 1W0

1(705)658-4471 Fax # 1(705)658-4491

**ADMINISTRATION:**

50 Bay Road. P.O Box 189

MOOSONEE, Ontario P0L 1Y0

1(705)336-2229 Fax # 1(705)336-2492

1-888-298-2916

## FORM 12.1.B

### Child Welfare Record Check

I, \_\_\_\_\_

of: \_\_\_\_\_

Hereby consent to a person and provider search being conducted of the the records of Payukotayno James and Hudson Bay Family Services, regarding myself and any involvement I have had directly, or indirectly, with respect to the provision of any and all types of child welfare services.

#### A copy of my identification is attached to this consent?

Yes                      No

If no, why?

\_\_\_\_\_

#### Previous Places of Residence:

I have lived in the following places since I reached the age of 18 years of became a parent, whichever first occurred (if more space is needed, please use the back of this form):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Child & Youth  
Milopemahtesewin Services  
P.O Box 189  
Moosonee, ON.  
P0L 1Y0  
Ph: #705-336-0058  
Fx: #705-336-0062

Payukotayno  
Niska Way Office  
P.O Box 209  
Moose Factory, ON.  
P0L 1W0  
Ph: #705-658-2701  
Fx: #705-658-2702

Payukotayno  
Fort Albany Office  
P.O Box 123  
Fort Albany, ON.  
P0L 1H0  
Ph: #705-278-4856  
Fx: #705-278-4854

Payukotayno  
Kashechewan Office  
P.O Box 241  
Kashechewan, ON.  
P0L 1S0  
Ph: #705-275-4535  
Fx: #705-275-1155

Payukotayno  
Attawapiskat Office  
Gen. Del.  
Attawapiskat, ON.  
P0L 1A0  
Ph: #705-997-2271  
Fx: #705-997-2299

Payukotayno  
Peawanuck Office  
P.O Box 64  
Peawanuck, ON.  
P0L 2H0  
Ph: #705-473-2663  
Fx: #705-473-2664



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When completing your request, it is possible that records could be located that match both your name and date of birth but could belong to individuals other than yourself. Finding these alternative records may cause delays in our ability to provide you with timely results in order to confirm your identity. The additional information below is necessary in order to limit the possibility of locating alternative records. If your child(ren) are over the age of 18, their information would only be used to confirm your identity.

**My Child/ren's name(s):**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Purpose of Request:**

Volunteer – Organization: \_\_\_\_\_

Employment – Company: \_\_\_\_\_

Private Adoption

Other: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

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