## **Barnardo's Family History Service** Questionnaire for Canadian and **Australian Migrants**



Are you searching for details of a relative who was migrated to: (please tick as appropriate)
Canada or Australia
<u>Part A</u>
<b>Details of person to whom information is to be </b> <u>sent</u> : (please use block capitals)
Name (include title):
Address:
Email:
(Please be aware we may send personal/sensitive data to any email address provided)
Telephone No:
I am enquiring about:
Who is my: mother, father, grandmother, grandfather, (other) (please indicate as appropriate)
Consent:
1) I am the nearest surviving direct descendant: (Signature)
<u>OR</u>
2) If you are not, please provide details and signature of the nearest surviving direct descendant:
Name:
Address:
Signature:
Relationship: Relationship to enquirer:
Date:
Registered Charity Nos: 216250 and SC037605  Barnardo's Family History

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## Part B

Please complete this section as fully as possible to help with identification in the records. (please use block capitals)

## **Details of the person you are enquiring about:**

1.	Surname:
2.	First name/s:
3.	Former name (if any):
4.	Date and place of birth:
5.	Date and place of <u>marriage</u> :
6.	Date and place of <u>death</u> :
7.	Name of father:
8.	Name of mother (maiden name, if known):
9.	Names of siblings:
10.	Date admitted to Barnardo's:
11.	Any known employer in Canada:
12.	Any known Barnardo's homes or location of foster homes:
13.	Any further details you consider helpful:

If we are unable to locate your relative's name in the records we will send an information leaflet which lists other agencies that may be able to help.

To submit your enquiry please send this form, enclosing credit/debit card details on the form provided or a cheque for £25.00 made payable to 'Barnardo's' to: Barnardo's Family History Service, Making Connections, 140 Balaam Street, London, E13 8RD, England.

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## **Credit/Debit Card Payment Slip**

Name of subject:
Please debit £25.00 (sterling) from:
Card no:
Type of card: Visa / MasterCard / Other (CREDIT/DEBIT please specify)
Card expiry date:
CVC Security Code:
Name on card:
Email address:
Signature of card holder:

This document will be confidentially destroyed once your payment has been authorised.

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