

**Barnardo's Family History Service**  
**Questionnaire for UK enquiries**



**Part A**

**Details of person to whom information is to be sent:** *(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 descendant: ..... (Signature)

**OR**

2) **If you are not, please provide details and consent of the nearest surviving descendant:**

Name: .....

Address: .....

Signature: .....

**Relationship:** ..... **Relationship to enquirer:** .....

**Date:** .....

## **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. Former name/s: .....
3. First names: .....
4. Date and place of birth: .....
5. Details of marriage: .....
6. Date of death: .....
7. Name of father: .....
8. Name of Mother: .....  
(Maiden name of mother, if known)
9. Names of siblings: .....
10. Date admitted to Barnardo's: .....
11. Any known Barnardo's homes or location of foster homes:  
.....
12. Names of any other relatives known: .....
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 made payable to 'Barnardo's' to: Barnardo's Family History Service, Making Connections, 140 Balaam Street, London, E13 8RD, England.**

**Credit/Debit Card Payment Slip**

Name of subject: .....

Please debit £25.00 (sterling) from:

Card no: .....  
*Payable to Barnardo's (Making Connections)*

Type of card: Visa / MasterCard / Other ..... (CREDIT/DEBIT please specify)

Card expiry date: .....

CVC Security Code: .....  
(3 digit number on the back of the card)

Name on card: .....

Email address: .....

Signature of card holder: .....

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