

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

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 direct descendant: (Signature)

OR

2) **If you are not, please provide details and signature of the nearest surviving direct 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. First name/s:
3. *Former name (if any):*
4. Date and place of birth:
5. Date and place of marriage:
6. Date and place of death:
7. Name of father:
8. Name of mother (maiden name, if known):
9. Names of siblings:
10. Date admitted to Barnardo's:
(or LSH, Marchmont, Macpherson)
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.

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:

Name on card:

Signature of card holder:

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