

Initial Enquiry FormBELIEVEReturn to: Making Connections, Barnardo's, 140 Balaam Street, London, E13 8RD

Tel: 020 8552 1004

I am enquiring about:

\Box My care records \Box My adoption record			ords 🗆 🗆	Tracing an ad	opted adult	□ Tracing a birth relative
	□ Ms.	□ Mr.		Ars.	□ Miss	□ Other:
	Current Na	me:				
S	Adopted Na (if applicable)	ame:				
	Birth Name when in Ba (if applicable)					
	Date of Bir	th:				
Your Details	Address:					
Y	Telephone	 Number:				
	Can we lear	ve messages on this	number?	□ Yes	□ No	
	Mobile Nu	mber:				
	Can we lear	ve messages on this	number?	□ Yes	□ No	
	Email Add					
		(Please b	be aware that w	e may send per	sonal/sensitive data	a to any email address provided)
ence of Identity	We take your privacy seriously. Consequently, we need to request identification from you before we can undertake a search of our records. I have enclosed:					
	□ a copy of my photo driving licence.					
	□ a copy of my passport and a utility bill (dated within the last 3 months).					
Evide	 a copy of my freedom pass, bus pass, work ID, or other photo ID <u>and</u> a utility bill (dated within the last 3 months). I cannot provide the above. Please contact me. 					
	\Box I cannot j	provide the above. P	lease contac	t me.		
<u> </u>	Name of person you wish to trace:					
etails for Tracing applicable)						
Details for Tracing f applicable	Her/his date of birth (if known):					
D (if	Relationshi	p to you:	I am he	er/his		

Signature:

Dated: ___

On the reverse, please provide any further details you would consider helpful (i.e., the names and/or dates of the homes you attended, siblings' names and DOBs, etc.)