



**THE SALVATION ARMY
FAMILY TRACING SERVICE
Inquiry Form**

Mailing Address
The Salvation Army

The purpose of The Salvation Army Family Tracing Service is to bring reunion between family members; to offer spiritual support to those persons involved.

Please answer all questions. This form may be answered on line – but note signature requirements. Please print to complete by hand. Note that we require **original signature** – scanned or copies of signature **WILL NOT** be accepted. Additional information may be submitted by letter.

INFORMATION ABOUT THE MISSING PERSON	
1. (a) Surname _____	(b) Given Names _____ First Middle
(c) Maiden name (if applicable) _____	
(d) Other names used (if any) _____	
Surname(s) Given Name(s)	
2. (a) Complete date of birth _____	(b) Place of birth _____
Day Month Year	
3. (a) Last known address _____	
(city/town/province and country)	
Year: _____	

INFORMATION ABOUT THE INQUIRER	
1. Full name (underline last name) _____	(Mr Mrs Miss Ms)
2. Date of birth _____	Day Month Year
3. (a) Address _____	
Postal Code: _____ E-mail: _____	
(b) Telephone No: (Home) () (Business) ()	
By signing this form, you consent to us disclosing information about your search when leaving phone messages for you. Be advised we may leave a message on a machine or with a person other than you that answers our call.	
4. Relationship: The person being sought is my _____	
5. Reason for inquiry _____	

ADDITIONAL DETAILS OF PERSON BEING SOUGHT	
1. MARITAL STATUS: Married () Single () Widow(er) () Divorced () Common Law () Separated ()	
2. SPOUSE – (a) If married give date _____	
(b) Give full name and last known address of husband/wife _____	
(c) If married before, give date of previous marriage _____ (d) If divorced give date _____	
(e) Full name of previous husband/wife _____	

ADDITIONAL DETAILS OF PERSON BEING SOUGHT

- 3. **CHILDREN** – List full names, dates of birth and last known addresses of children _____

- 4. **PARENTS** – List full names and dates of birth of parents – Indicate if deceased
Give last known address(es) of parent(s) if still living
 - (a) Missing Person's Father _____
 - (b) Missing Person's Mother _____
 - (c) Mother's Maiden Name _____
- 5. **SIBLINGS** – List full names, dates of birth and last known addresses of brothers/sisters

- 6. (a) Date last heard from _____
(b) Reason for leaving _____
- 7. (a) Name and address of last known employer _____
(b) Professional license(s) _____ **S.I.N.** _____
- 8. Name and address of Associations, Clubs, etc. _____
- 9. (a) Army, Navy, Air Force Service? _____ Serial No: _____
- 10. (a) Date of arrival in Canada (if applicable) _____ (b) Citizen of _____

GENERAL INFORMATION

- 1. Names and addresses of individuals who maybe able to give information concerning the whereabouts of the Person being sought.

- 2. What have you done to locate the person? _____

- 3. Have you applied to us before? If so, when? _____
- 4. Is advertisement in The Salvation Army publication, "Faith & Friends" desired? Yes No
- 5. List all documents enclosed (photocopies preferred) _____
(copy of inquirer's birth certificate – only for
International searches) _____



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PERMISSION TO RELEASE PERSONAL INFORMATION

Context:

The Salvation Army Family Tracing Service must be free to reveal the enquirer's identity and contact details to the person being sought. If there are contact details you would prefer us not to share with the person sought, these must be disclosed by you at the commencement of our involvement.

Data Protection:

The Salvation Army will use the personal and other details you provide to us for the purposes of providing the Tracing Service, and for no other purpose. In providing us with your personal details, you consent to us using those details and disclosing them to third parties for the purposes of providing the tracing service, and in particular for tracing the individual you seek to find. We will hold your personal details in accordance with the privacy law. We will not disclose to you the whereabouts or other personal details of people we locate without their consent.

This could involve disclosure of your personal details to your relative(s) and to third parties we feel maybe able to assist with our inquiries.

By signing this form I acknowledge that my personal information maybe disclosed to various facilities and agencies for purposes of establishing contact with the missing person. I am also giving permission to release my address and phone number to the missing person, if located.

Date _____

Signature of Inquirer _____