

## **Survivor Inquiry Form**

My name is						
and I am requesting (Check one or both):						
☐ Residential school records						
☐ A Survivor statement (Approximate date/location):						
Please provide information below about the person whose records you are requesting:						
1. Full Name:						
Nickname:						
Name Changes (adoption, customs, marriage):						
<ul><li>2. Date of birth:</li><li>3. Date of death (if applicable):</li></ul>						
4. Parents' names (if known):						
	First Name	Last Name	Date of Birth	Date of Death		
Father						
Mother						
(include maiden name if known)						



5.	Siblings' name(s):
6.	Community or band:
7.	Would you or your family member have been in treaty when attending? If so, do you know the treaty number (as a child, this may have been your/their parent's number):
8.	Religion:
9.	Institution(s) attended (and their province/territory):
10.	Years attended:
11.	Any additional information or comments that may be helpful:



## Please provide contact information:

P.O. Box:	
Street:	-
City/Town:	-
Province / Country:	
Postal Code / Zip Code:	
Phone number (home):	
Phone number (work):	
Phone number (cell):	
Email :	_
Signature:	_
Date signed (DD/MM/YYY):	_

Once the form is complete, please send a copy via email to <a href="MCTRrecords@umanitoba.ca">MCTRrecords@umanitoba.ca</a>, or by mail to 177 Dysart Road, Winnipeg, Manitoba, Canada R3T 2N2.

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