



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

<p align="center">Mailing Address The Salvation Army Waterston Centre 1845 Osler Street Regina, Sask S4P 1W1</p>

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. If you print this to complete by hand, please print.. Note that we require **original signature** - scanned, or copies of signature **WILL NOT** be accepted. Additional information maybe 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. _____ (Prefix) (First Name) (Middle) (Last)
2. Date of birth _____	Day Month Year
3. (a) Address _____	Postal Code: _____ E-mail: _____
(b) Telephone number (Home) () - _____	(Business) () - _____
4. Relationship: The person being sought is my _____	
5. Reason for inquiry _____	

ADDITIONAL DETAILS OF PERSON BEING SOUGHT	
1. MARITAL STATUS: Married <input type="checkbox"/> Single <input type="checkbox"/> Widow(er) <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law <input type="checkbox"/> Separated <input type="checkbox"/>	
2. SPOUSE – (a) If married give date _____	dd mm yyyy
(b) Give full name and last known address of husband/wife _____	
_____	Address City Prov. / Country
(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 may be 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? No Yes When? _____
4. (a) Is advertisement in The Salvation Army publication, "The War Cry"/"Faith & Friends" desired? Yes No
(b) If available, is advertisement through local media (newspaper, T.V., radio desired? Yes No
5. List all documents enclosed (photocopies preferred) _____
(copy of inquirer's birth certificate) _____

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 _____