



THE SALVATION ARMY
FAMILY TRACING SERVICE
Inquiry Form

Mailing Address
The Salvation Army Centre

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 Day Month Year (b) Place of birth
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 [] Single [] Widow(er) [] Divorced [] Common Law [] Separated []
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 _____