



## Third Party Inquiry Form

**My name is:** \_\_\_\_\_ *print your name here*

**I am requesting records about:** \_\_\_\_\_ *print student's name here*

**This person is my (check one):**

- Great-Grandparent
- Grandparent
- Parent
- Sibling
- Other \_\_\_\_\_

**Your request for records (check one or more boxes):**

- Residential School records about this student
- A Survivor statement (provided by the former student as an adult)
- Student Death Register Report

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**Please provide information below about the person whose records you are requesting**

### 1. Student Information

Full Name: \_\_\_\_\_

Nickname(s): \_\_\_\_\_

Name Changes (adoption, customs, marriage): \_\_\_\_\_

Date of birth: \_\_\_\_\_

Date of death (if applicable): \_\_\_\_\_

Religion: \_\_\_\_\_



**2. Student's family information (if known)**

	First Name	Last Name	Date of Birth	Date of Death
<b>Father</b>				
<b>Mother</b> (include maiden name if known)				

**3. Siblings' name(s)**

**4. Residential school(s) attended and location (province/territory):**

**5. Years attended (if known):**

**6. Did the student receive care in a medical facility while attending residential school?  
If known, please list the name of the medical facility(s):**

**7. Did this student die while attending Residential School?**

Please check one:  Yes /  No /  I don't know

**Please list the location of burial if known:** \_\_\_\_\_



8. Community or band name: \_\_\_\_\_

9. Would this student's family have been covered by treaty when she/he was attending Residential School? Please check one:  Yes /  No /  I don't know

If yes, do you know the treaty number (as a child, this may have been their parent's number):

Treaty Number: \_\_\_\_\_

10. Comments or additional information:

**Please provide your 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/YYYY): \_\_\_\_\_

Once this form is complete, please send a copy via email to [NCTRrecords@umanitoba.ca](mailto:NCTRrecords@umanitoba.ca), or by mail to 177 Dysart Road, Winnipeg, Manitoba, Canada R3T 2N2.

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