



Survivor Inquiry Form

My name is: _____ *print your name here*

and I am requesting (Check one or both):

Residential school records

A Survivor statement (Approximate date/location): _____

Please provide information below about yourself:

1. Student Information

Full Name: _____

Nickname(s): _____

Name Changes (adoption, customs, marriage): _____

Date of birth: _____

Religion: _____

2. Information about your parents (if known)

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



3. Your siblings' name(s)

4. Residential School(s) that you attended and location(s):

5. Years attended (if known): _____

6. Community or band name: _____

7. Would you have been covered by treaty when you were 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 your parent's number):

Treaty Number: _____

8. 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, or by
mail to 177 Dysart Road, Winnipeg, Manitoba, Canada R3T 2N2.*

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