

Southern Manitoba First Nations Repatriation Program

Adoptive Parent Intake Registry Form

Date of Intake:

Intake Worker:

ADOPTIVE PARENTS

Adoptive Mother s Name:

Address:

Telephone:

()

e-mail address:

Marital Status:

Are they Employed/ Retired?

Religion:

Adoptive Father s Name:

Address:

Telephone:

()

e-mail address:

Marital Status:

Are they Employed/ Retired?

Religion:

ADOPTED CHILDREN Information

Adoptive Full Given Name:

Birth Given Names:

DOB:

Place of Birth (Hospital):

Band:

Treaty Number:

Address:

Telephone:

()

Date of Adoption:

Country Adopted To:

Agency s Name who finalized the adoption:

Are they Employed?

Marital Status:

Any Health Issues:

ADOPTEE S BIRTH FAMILY

Birth Mother Given Names:

Maiden Name: _____

DOB: _____

Address: _____

Telephone: _____

(_____) _____

e-mail address: _____

Marital Status: _____

Are they Employed/ Retired? _____

Did they attend Residential School? _____

Religion: _____

Maternal Birth Family Health Illnesses: _____

Birth Father Given Names:

DOB: _____

Address: _____

Telephone: _____

(_____) _____

e-mail address: _____

Marital Status: _____

Are they Employed/ Retired? _____

Did they attend Residential School? _____

Religion: _____

Paternal Birth Family Health Illnesses: _____

Birth Siblings

Given Names: _____

DOB: _____

No. of Children: _____

Given Names: _____

DOB: _____

No. of Children: _____

Given Names: _____

DOB: _____

No. of Children: _____

If more, see reverse side.

MATERNAL EXTENDED BIRTH FAMILY

Grandmother Full Name:

DOB: _____

Treaty Number: _____

Band: _____

Address: _____

Telephone: (_____) _____

Grandfather Full Name:

DOB: _____

Treaty Number: _____

Band: _____

Address: _____

Telephone: (_____) _____

Birth Mother Siblings

Name: _____

DOB: _____

No. of Children: _____

Name: _____

DOB: _____

No. of Children: _____

Name: _____

DOB: _____

No. of Children: _____

Name: _____

DOB: _____

No. of Children: _____

Name: _____

DOB: _____

No. of Children: _____

If more, see reverse side.

