

Southern Manitoba First Nations Repatriation Program

Birth Sibling Intake Registry Form

Date of Intake:

Intake Worker:

BIRTH SIBLING SEARCHING

Given Names:

DOB:

Address:

City/ Town

Telephone:

e-mail address:

Marital Status:

Treaty Number:

Band:

Are you presently Employed/ Retired?

No. of Children:

()

BIRTH PARENTS (of Intake)

Birth Mother Given Names:

Maiden Name:

DOB:

Address:

Telephone:

Marital Status:

Treaty Number:

Band:

Are they Employed/ Retired?

Did they attend Residential School?

Religion:

Maternal Birth Family Health Illnesses:

()

MATERNAL EXTENDED FAMILY

(Adoptee s)

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:

If more, see reverse side.

PATERNAL EXTENDED FAMILY(Adoptee s)

Grandmother Full Name:

DOB: _____

Treaty Number: _____

Band: _____

Address: _____

Telephone: (_____) _____

Grandfather Full Name:

DOB: _____

Treaty Number: _____

Band: _____

Address: _____

Telephone: (_____) _____

Birth Father Siblings

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.

Date of Adoption: _____

Country Adopted To: _____

Agency's Name who finalized the adoption: _____

Registered w/ Post Adoption Registry? Yes No

If yes, date/year _____

Does Sibling have Non-identifying info? Yes No

Reinstated for Treaty Status? Yes No

Copy of Adoption Order? Yes No

Copy of Birth Certificate? Yes No

Copy of Letter from Social Services Agency? Yes No

If all above are Yes, request copies for file.

Summary of Present Situation:

ADOPTEE'S FAMILY

Spouse's Given Name: _____

Date of Marriage: _____

Child's Given Names: _____

DOB: _____

Child's Given Names: _____

DOB: _____

Child's Given Names: _____

DOB: _____

Child's Given Names: _____

DOB: _____

If more, see reverse side.

ADOPTIVE FAMILY

Adoptive Mother s Name:

Address: _____

Telephone: (_____) _____

Are they Employed: _____

Religion: _____

Adoptive Father s Name:

Address: _____

Telephone: (_____) _____

Are they Employed: _____

Religion: _____

Are they in support of search for Birth Family? Yes No

If No, why? _____

ADOPTIVE SIBLINGS *(Only indicate other adopted siblings, if First Nation)*

Name: _____

DOB: _____

Address: _____

Telephone: (_____) _____

Has he/she found birth family? Yes No

Do they wish to search out birth family? Yes No

Have they been reinstated for treaty status? Yes No

If yes, which Band: _____

Province: _____

Name: _____

DOB: _____

Address: _____

Telephone: (_____) _____

Has he/she found birth family? Yes No

Do they wish to search out birth family? Yes No

Have they been reinstated for treaty status? Yes No

If yes, which Band: _____

Province: _____

