



## 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
<b>Father</b>				
<b>Mother</b> (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](mailto:NCTRrecords@umanitoba.ca), or by  
mail to 177 Dysart Road, Winnipeg, Manitoba, Canada R3T 2N2.*

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