



## Request for Information Disclosure

(Former Extended Society Wards and Former Client Requests)

### PART A: Contact Information of Requester

Given Name:		Middle Name:	
Current Last Name:		Maiden Name: (or other surnames)	
Address:	Apt.	P.O. Box	
City:	Province:	Postal Code:	
Previous Addresses:			
Telephone:		Date of Birth:	
Language:			
Child's Name:		Date of Birth:	
Child's Name:		Date of Birth:	
Child's Name:		Date of Birth:	
Please note: Information below is required for search purposes only			
Your Parent's Name:		Date of Birth:	
Your Parent's Name:		Date of Birth:	
Please provide a detailed description of the personal information you are requesting and details that will assist in locating this information (such as dates, names of staff, location etc.):			

Requesting information regarding:      Replacement Documents      Former Extended Society Ward File  
    Former Client Information      Record Check  
    Please specify:      Please specify:

I hereby confirm that I have custody of the children for whom I am requesting disclosure:

YES (please attach relevant court orders to this request)      Yes      No      Not Applicable

## PART B: Signed Statement of Applicant

(Please return completed form with photocopy of piece of identification)

I hereby certify that the information I provided on this request form is true and correct to the best of my knowledge and belief.

I agree and understand that by submitting this Request for Disclosure and Information to a child welfare society my personal information contained within this form will become part of the Provincial Information Management System known as the Child Protection Information Network (CPIN) on the day the form is submitted to a Child Welfare Society.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

### This Section is for Office Purposes Only

I, \_\_\_\_\_ verified identification of the individual requesting disclosure as follows: \_\_\_\_\_.