



## Record Inquiry Form

If you require assistance with this form, please email [RS@scoinc.mb.ca](mailto:RS@scoinc.mb.ca) or call 1-204-946-1869, ext. 165.  
If you require more space, please add another piece of paper.

My name is:

I am requesting (check all that apply):

- Residential school records
- Day school records
- Sanitorium records
- Other (hospital, asylum, orphanage, other)
- A Survivor statement (approximate date/location):

Please provide relationship information with the person whose records you are requesting:

1. Full Name (provide all spellings you are aware of):

- a. Nickname(s):
- b. Name changes (adoption, customs, marriage):

2. Date of birth:

3. Date of death (if applicable):

4. Parents' names (if known):

- a. Father
  - i. First name:
  - ii. Last name:
  - iii. Date of birth:
  - iv. Date of death:

b. Mother (include maiden name if known)

i. First name:

ii. Last name:

iii. Date of birth:

iv. Date of death:

5. Siblings' name(s):

6. Community or band name(s):

7. Would you or your family members have been in Treaty (have First Nation Status) when attending this institution? If so, do you know the status number (as a child, this may have been your/their parent's number):

8. Religion:

9. Institution(s) attended (and their province/territory):

10. Years attended:

11. Any additional information or comments that may be helpful:

**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:

RUSH REQUEST: Are you requesting your own records and are you terminally ill:

Yes

No

Signature:

Date signed (DD/MM/YYYY):

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Once the form is complete, please send a copy via email to [RS@scoinc.mb.ca](mailto:RS@scoinc.mb.ca), or by mail to:  
IRS Research Project, Southern Chiefs' Organization, 1572 Dublin Avenue, Winnipeg, MB, R3E  
0L4.