



Family Tracing Service (FTS)
APPLICATION FORM

REF:

Family Tracing Service
The Salvation Army
P O Box 6015
Marion Square
WELLINGTON 6141
Telephone (04) 382 0710
E-mail: family.tracing@salvationarmy.org.nz

Before completing, please read Conditions and Guidelines.
Please complete both sides of the form and write clearly.

Information about the missing person

Surname First name
Middle name Maiden name Male/Female
Other names known by/aliases Ethnicity
Date of birth Place of birth If Māori, name iwi
Marital status: married () single () widow(er) () divorced () common law () separated ()
Spouses' full names (all marriages)
If married give dates If divorced give dates
Date of last contact In person, by mail, email or telephone?
Last known address
Full names, exact dates of birth and present location of all of missing relative's children (if known)

Full name of missing relative's father living/deceased
Full name of missing relative's mother living/deceased
Usual or last known occupation of missing relative
Name, address and date of last known employer
Name and date of schools/universities attended
Physical disabilities, etc

Brothers and sisters of missing relative: Are you in contact? Yes/No
Name Date of birth/age Place of birth Y/N
Name Date of birth/age Place of birth Y/N
Name Date of birth/age Place of birth Y/N

Enquirer's details: (These are your details)

Relationship: I am this person's (state relationship)
My surname First names
Date of birth (Mr Mrs Ms Miss)
Address Post Code
Telephone Home (0) Mobile 02 Work (0)
Email
Reasons for loss of contact and enquiry
Additional details of person being sought (Please attach any other information that may help with this search)

Are there any court orders in place banning contact between you and this person and/or their immediate family members? Yes / No Details _____

What has been done to find this relative; and with what result? _____

Have we traced this person before? Yes / No If yes, when? _____ Reference number? _____

Name, address and relationship of anyone who may have information to assist our enquiries

Are you willing for us to advertise in our *War Cry*, newspapers, magazines, TV and radio?

(This will **not** involve you in extra expense) Yes / No

Enclosures: Certificates _____ Letters _____ Photo/s _____ (please include, if possible)

Please include three (3) forms of identification including:

- 1 photo ID, such as a photocopy of your driver licence or passport
- 1 photocopy of your address printed on it, e.g. utility bill
- A copy of your full birth certificate

Please supply, if possible, a copy of the FULL birth certificate of the missing relative. In the case of adoption, a pre- and post-adoption birth certificate MUST be supplied. A parent looking for a child or a child looking for a parent MUST supply a full birth certificate. You *may* be required to provide further certificates as evidence of your relationship to the missing person, as we need to establish the link between the two of you.

Declaration: By signing this form, I state that

- ◆ I have read the Conditions and Guidelines and I agree to be bound by them;
- ◆ all the information I have provided is true, to the best of my knowledge;
- ◆ I consent to the release of my name, contact details and information to the missing person;
- ◆ I consent to the release of my name, relationship and search details collected by FTS to statutory agencies assisting with this enquiry.
- ◆ **I agree that any Birth/Death/Marriage certificates ordered as a result of this search by FTS will be charged directly to my credit card (cost \$33). Please note, you will be notified of any purchases before being charged.**

Registration Fee: Make cheques payable to 'The Salvation Army'

Deceased estate-related search (one person or couple)	\$150
International search (one person or married couple)	\$100
National search (one person or married couple)	\$75
GST Tax Invoice 11-264-190	

Registration fee enclosed: \$ _____

Please charge \$ _____ to my credit card: Visa Mastercard Other (specify) _____

Name of cardholder (*as it appears on credit card*) _____

Card number Expiry date ____/____

Cardholder's signature: _____

How did you hear about Family Tracing Service? _____

Your personal information, required to identify you as the person requesting this search and to assist in establishing the relationship between yourself and the person you are asking to have located, will be kept by The Salvation Army FTS (and its international equivalents, where appropriate) and used only in relation to the requested search. Under the provisions of the Privacy Act 1993, you may ask to access and correct your personal information held by the FTS.

Enquirer's signature _____

Date _____