



30 Isabella St., 5th Floor
Toronto, ON M4Y 1N1
416-924-4640 ext. 2597

REQUEST FOR INFORMATION - FORMER CROWN WARD - PLEASE PRINT

PRESENT NAME: _____
Surname First Middle

DATE OF BIRTH: _____
Day Month Year

ADDRESS: _____
Street # Street Apt. #

City Province Postal Code

TELEPHONE: _____
Home Business Cell

EMAIL: _____

NAME WHILE
IN CARE: _____
Surname First Middle

MOTHER'S NAME:
(if known) _____
Surname First Middle

FATHER'S NAME:
(if known) _____
Surname First Middle

INFORMATION
REQUESTED: _____

If your record indicates that you had involvement with another CAS, would you like us to forward your request to them? Yes No

Please sign below and attach photocopies of two pieces of identification (both sides), at least one of which shows your signature and at least one of which confirms your current mailing address.

Signature

Date