



# FAMILY TRACING SERVICE APPLICATION FORM

The Family Tracing Service, The Salvation Army,  
1 Champion Park, London SE5 8FJ - Tel: 020 7367 4747  
Family.Tracing@salvationarmy.org.uk

CT Ref. No.

## SECTION 1 - NOTES OF GUIDANCE

1. WE CAN NORMALLY ACCEPT enquiries in respect of ADULT RELATIVES, for the purpose of RECONCILIATION ONLY.
2. WE DO NOT NORMALLY ACCEPT enquiries in respect of the following:
  - ADOPTED PERSONS sought by 'birth' family, or BIRTH FAMILY of adopted persons.
  - HUSBANDS & WIVES for the purpose of divorce; nor an EX-SPOUSE unless young children are involved.
  - YOUNG PEOPLE under 18 years of age nor requests from young people under the age of 18 years unless undertaken by a parent or legal guardian.
  - FRIENDS / BENEFICIARIES OF WILLS / FAMILY GENEALOGIES.
3. CONFIDENTIALITY. We will not disclose the whereabouts or other personal details of people we locate without their consent. Our first contact is often made by letter, with an assurance that the address of the person sought will not be made known unless agreed by them. This pledge will be honoured. We do not carry out 'secret' investigations for the purpose of obtaining information. **We must be free to reveal the enquirer's identity and contact details, and the reason for the enquiry.** (See also our Data Protection notice).
4. CHARGES. Due to the high cost to The Salvation Army, a registration fee is requested for our service. Details are set out in the accompanying letter. We are only able to accept payment in GBP either by BCC, a cheque or postal order which should be made payable to 'The Salvation Army'.

## SECTION 2 - PERSON MAKING ENQUIRY (Enquirer)

Your Full Name and Title (as may apply) \_\_\_\_\_

Your full name as registered at birth (if different from above) \_\_\_\_\_

Your date of birth \_\_\_\_\_ Your place of birth \_\_\_\_\_

Your address in full \_\_\_\_\_

Post code \_\_\_\_\_

Home telephone no. \_\_\_\_\_ Work telephone no. \_\_\_\_\_

Email address: \_\_\_\_\_ Mobile telephone no. \_\_\_\_\_

**Relationship:** The person sought IS MY \_\_\_\_\_

## SECTION 3 - REGISTRATION FEE & ENCLOSURES

I enclose my registration fee of £ \_\_\_\_\_. 00 p (please enter amount - see accompanying letter)  
Please list all documents enclosed, including a copy of your own full birth certificate, if possible.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I do/do not require their return. (please circle one answer)

*(Please include a stamped addressed envelope for our response. Thank you.)*

**PLEASE EXPLAIN BELOW (or on a separate sheet) HOW CONTACT WAS LOST WITH YOUR RELATIVE:**

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE EXPLAIN BELOW (or on a separate sheet) YOUR REASON FOR WISHING TO LOCATE YOUR RELATIVE:**

\_\_\_\_\_  
\_\_\_\_\_

PLEASE ATTEMPT TO ANSWER EVERY QUESTION WHERE THEY ARE RELEVANT TO YOUR ENQUIRY.  
WHERE DETAILS ARE NOT RELEVANT ENTER N/A. WHERE DETAILS ARE NOT KNOWN ENTER N/K.  
(PLEASE USE BLOCK CAPITALS)

#### SECTION 4 - PERSON BEING SOUGHT (Enquiree)

Last known surname \_\_\_\_\_ Maiden surname \_\_\_\_\_

Forenames (in full) \_\_\_\_\_

Full name at birth (if different from above) \_\_\_\_\_

Date of birth (if not known, then exact age) \_\_\_\_\_ Place of birth \_\_\_\_\_

Last known address or whereabouts \_\_\_\_\_

Date last known at this address \_\_\_\_\_

Who owns the property (e.g. council etc) \_\_\_\_\_

Date when last in contact \_\_\_\_\_

Was this in person, by letter, telephone, or e-mail? \_\_\_\_\_

Has this person ever been married? **YES/NO** If yes, please give details:

1) Date of marriage \_\_\_\_\_ To whom? \_\_\_\_\_

Place of marriage \_\_\_\_\_ If divorced, please give date \_\_\_\_\_

2) Date of marriage \_\_\_\_\_ To whom? \_\_\_\_\_

Place of marriage \_\_\_\_\_ If divorced, please give date \_\_\_\_\_

Please give full names, places and dates of birth (or ages) of any children.

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Are you in touch with any of these? **YES/NO**

**Parents of person sought** (information required even when parents are deceased):

Father's full name \_\_\_\_\_

Mother's full name \_\_\_\_\_

Mother's maiden name \_\_\_\_\_

**Brothers/sisters of person sought.** Please give names, places and dates of birth (or ages):

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Are you in touch with any of these? **YES/NO**

Where the person sought is believed to be with a husband/wife, or with another adult please give details of that person:

Full name \_\_\_\_\_ Date of birth \_\_\_\_\_

Last known whereabouts \_\_\_\_\_

Give name and address of person who may have information, or be able to assist our enquiries (e.g. club/union/friend etc).

Name \_\_\_\_\_ Address \_\_\_\_\_

**Employment details:**

Name & address of last known employer \_\_\_\_\_

Usual occupation \_\_\_\_\_ Date employment terminated \_\_\_\_\_

**OTHER INFORMATION:**

Telephone Number(s) or email address(es) \_\_\_\_\_

National Insurance no. / NHS no. / Army, Navy, or RAF no. \_\_\_\_\_

Doctor's name & address \_\_\_\_\_

Memberships of Professional Bodies/Organisations \_\_\_\_\_

Memberships of Recreational Bodies/Organisations \_\_\_\_\_

**SECTION 5 - GENERAL QUESTIONS**

a) What has been done so far, and with what result?

\_\_\_\_\_  
\_\_\_\_\_

b) Have you applied to us before? **YES/NO** If yes, when? What was our reference number?

\_\_\_\_\_

c) Is this application being made with the support of a Salvation Army Corps or Centre? Yes / No  
If yes, please provide: -

Corps/Centre name \_\_\_\_\_

Name of Officer or Staff Member: \_\_\_\_\_

Position: \_\_\_\_\_

Tel No: \_\_\_\_\_

Email: \_\_\_\_\_

d) Is this application being made by a Support Worker, Advocate or any other professional agency? Yes / No  
If so, please provide contact details.

Agency Name: \_\_\_\_\_

Staff Name: \_\_\_\_\_

Position: \_\_\_\_\_

Tel No: \_\_\_\_\_

Email: \_\_\_\_\_

Do you give your consent for the Family Tracing Service to communicate with the above on your behalf? Yes / No

SECTION 6 - DATA PROTECTION

Data Protection:

The Salvation Army<sup>1</sup> will hold your personal information in its legitimate interests of processing your application and retain it to ensure future protection of your privacy in the event of further requests.

We may share this information with partner agencies or individuals who assist us in our enquiries. We must be free to reveal your identity and contact details to the person sought. If there are contact details that you would prefer us not to share with the individual sought, these must be disclosed by you at the commencement of our involvement.

You have a right to a copy of information we hold about you and, in some circumstances, to have it amended or deleted. For this and to raise any queries on how your information is handled please contact Head of Privacy and Data Protection at [data.protection@salvationarmy.org.uk](mailto:data.protection@salvationarmy.org.uk) or the address below. If you are still not happy you may raise concerns with the Information Commissioner’s Office. For further information, please see our full Privacy Statement at [www.salvationarmy.org.uk/privacy-statement](http://www.salvationarmy.org.uk/privacy-statement) or request a copy by writing to our address as shown on Page 1.

Personal Statement:

I give my consent to The Salvation Army to send the information I provide outside the European Economic Area (EEA) for the purposes of performing the tracing service, if the individual I seek is outside the EEA.

(tick box)

Name \_\_\_\_\_ Signed \_\_\_\_\_  
(Please print)

Date \_\_\_\_\_ Our Ref. \_\_\_\_\_

<sup>1</sup> The Salvation Army acting on behalf of The Salvation Army Social Work Trust



CARD PAYMENT SLIP

We are pleased to be able to accept card payments for enquiries. If you wish to use this method please complete and sign this form

Name of cardholder (as shown on card) \_\_\_\_\_

Address of cardholder \_\_\_\_\_ Post code \_\_\_\_\_

Complete your credit/debit card details below (we are unable to accept Amex or Diners Club Cards).

Credit/Debit	Start date	Expiry date	Security code	Issue No
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Switch only)

Amount \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

Ref \_\_\_\_\_ Enquirer’s name (if different from above) \_\_\_\_\_