

DETAILS OF THE ENQUIRER		
Family Name(s) (as expressed locally)		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Cohabitee <input type="checkbox"/> Separated <input type="checkbox"/> Widow/er <input type="checkbox"/> Other
First Name(s)	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Alias/Nickname		
Nationality		
Place of Birth	Date of Birth (or age)	
Personal ID Number		
Ethnic Group		
Father's Full Name		
Mother's Full Name		
Enquirer's Full Postal Address		
Landline Phone:	Mobile Phone:	E-mail Address:
The person to be traced is my:		

Place & Date of Enquiry

Enquirer's Signature

When completed please return this form to:

 Restoring Family Links,
 16, Merrion
 Square
 Dublin 2
 D02 XF85

 Tel: + 353 1 6424600
 Fax: + 353 1 6614461
 E-Mail: restoringfamilylinks@redcross.ie

DISCLAIMER

We will retain information about the enquirer(s) and sought person(s) on our database until requested to remove it from our systems. By signing our forms and agreeing to the consents therein, you give us permission to share the information on our forms solely for the purposes of tracing the sought person(s). If you want your contact details removed and information relating to your case file destroyed, please contact our switchboard on +353 1 6424600 and ask for the RFL Team.

PERSON TO BE TRACED			CASE REF NO:
Family Name(s) (as expressed locally)		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Cohabitee <input type="checkbox"/> Separated <input type="checkbox"/> Widow/er <input type="checkbox"/> Other	
First Name(s)	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		
Alias/Nickname			
Nationality			
Place of Birth	Date of Birth (or age)		
Ethnic Group			
Tribe	Clan	Sub-Clan	Family Linage
Father's Full Name			
Mother's Full Name			
Spouse's Full Name (if applicable)			
Profession/Occupation			
Address last place of work			
Last known address of the person to be traced			
Landline Phone:	Mobile Phone:	E-mail Address:	

ACCOMPANYING DEPENDANTS TO BE TRACED

FULL NAME	DATE OF BIRTH (OR AGE)	GENDER	RELATIONSHIP

DETAILS OF THE ENQUIRY

Date, exact place and details of last contact (e.g. letter, phone call, face to face contact etc.)

Name and address of persons able to provide information:

Additional information (e.g. previous private/business addresses, employer, school etc.)

Explain exact circumstances that led to the loss of contact:

CONSENTS

If necessary for tracing procedures, I agree that my name and the name(s) of my relative(s) sought after be used in the media and in public tracing efforts (web, radio etc.):

Yes No

I accept that that the name(s) of the sought person(s) may be transmitted to the authorities and bodies concerned in the tracing procedures:

Yes No

I accept that my name may be transmitted to the authorities and bodies concerned in the tracing procedures:

Yes No

I agree that my contact data (address, phone number etc.) will be given to the person sought or the immediate family:

Yes No