Origins Service

APPLICATION FOR INFORMATION ON FAMILY HISTORY

Father Hudson's Caritas

Applicant's Details

Name: ……

Address: ……

……

……

……

Tel No: ……

Email: ……

Date of Birth: ……

Any previous names used: ……

……

Relationship to Former Person in Care

☐ Sibling

☐ Son/Daughter

☐ Grandchild

☐ Other ……

Please explain relationship in detail with names of direct descendants from person in care:

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……

……

……

Former Person in Care's details:

Name at birth: ……

Date and place of birth: ……

Names of parents: ……

Religion of childhood: ……

Information known re care or emigration history, including dates: ……

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Is the former person in care now deceased? Yes ☐ No ☐

Date and place of death:

……

Reason for your enquiry:

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……

Consent of Nearest Relative

Are you the nearest surviving relative? Yes ☐ (If so, there is no need to complete consent details)
No ☐

If you are not the nearest relative, please attach the written consent of the nearest relative for you to receive from Father Hudson's Caritas family background information about your relative.
They may sign here or write to us separately.

I hereby consent to .....

Receiving information from the records of .....

Name of nearest relative: .....

Address of nearest relative: .....

.....

Relationship to person being enquired about: .....

Signature of nearest relative ..... Date .....

FEES FOR FATHER HUDSON'S CARITAS FAMILY HISTORY SERVICE

Note fees apply only for relatives of the person formerly in care and are not chargeable to the actual person who had been in care.

☐ **Check of records - £30**

To process enquiry and undertake search of various registers. This will also include a copy of information from the registers and information about the Home the relative was in.
The fee is non-refundable.

☐ **Copies of information from file - £45**

Where a file is located, which is the case in most post 1925 records and some post 1902 records, copies of any information relating to family history will be provided by post (Fee is in addition to £30 application fee).

☐ **Please send me bank details to make payment**

Or

☐ I enclose a cheque for £..... (Please make cheques payable to Father Hudson's Caritas).

Name and Address:

.....

.....

Signed ..... **Date** .....

Thank you for completing this application form. Please return by post to Origins, Father Hudson's Caritas, St. George's House, Gerards Way, Coleshill, BIRMINGHAM B46 3FG or email to origins@fatherhudsons.org.uk