



For office use only

Received on: _____

File Number: DP _____

Registration Form

IDENTIFICATION:

Child's Full Name: Family Name: _____ First Name: _____ Sex: M F
Date of Birth: Year: _____ Month: _____ Year: _____ Age at disappearance: _____
Missing From: Home Group Home Other Missing since : Year: _____ Month: _____ Day: _____
Missing From: Number: _____ Street: _____ City: _____ Postal Code: _____
Medicare Number: _____ Social Insurance Number: - -
Passport Number: _____ Nationality: _____

DESCRIPTION OF THE CHILD:

Height: _____ Weight: _____ Hair Length and Colour: _____
Eye Colour: _____ Race: _____ Languages Spoken: _____

ADDITIONAL INFORMATION REGARDING CHILD (DISTINGUISHING MARKS):

YOUR CHILD WAS LAST SEEN WEARING:

INFORMATION ON THE PARENTS OR LEGAL GUARDIANS

Please indicate who has legal custody of the child: Mother Father Both Parents Other

(SEARCHING PARENT OR LEGAL GUARDIAN): Mother Father Other

Name: Family Name: _____ First Name: _____ Date of Birth: Year: _____ Month: _____ Day: _____

Address: Number: _____ Street: _____ Apt. / Suite: _____

City: _____ Province / State: _____ Postal Code / Zip Code: _____

Telephone Numbers: Home: () Office: ()

Cellular: () Pager: ()

IN THE CASE OF A PARENTAL ABDUCTION

ABDUCTOR: Mother Father Other

Name: Family Name: First Name: Date of Birth: Year: Month: Day:

Address: Number: Street: Apt. / Suite:

 City: Province / State: Postal Code / Zip Code:

Telephone Numbers: Home: () Office: ()

 Cellular: () Pager: ()

POLICE DEPARTMENT CONTACTED: File Number:

Officer in Charge: Tel.: () Extension:

Warrant issued: Yes No Number:

IN THE CASE OF A RUNAWAY – Please explain the reason (s) why you believe your child ran away.

INFORMATION REGARDING THE DISAPPEARANCE:

Please provide details describing the circumstances, which led to your child's disappearance.
(Please include copies of any press coverage)

Please include *two* recent photos of your child.

CONSENT AND RELEASE AGREEMENT FORM

I, (name in block letters)

as the custodial parent of:

1. _____
Child's Name Child's Age
2. _____
Child's Name Child's Age
3. _____
Child's Name Child's Age

authorize **Enfant-Retour Québec** (formerly The Missing Children's Network) to receive and give pertinent information in the search of my missing child(ren). It is my responsibility to immediately inform **Enfant-Retour Québec** of any development, new leads, location and/or return of my child(ren). I agree to notify **Enfant-Retour Québec** immediately of any changes in my home and/or work addresses and/or telephone numbers. I understand that **Enfant-Retour Québec** is an organization dedicated to the international search of missing children. I agree to do everything in my power to assist **Enfant-Retour Québec** in its efforts to locate my child(ren).

I give permission to **Enfant-Retour Québec** to publish the photographs of my child(ren) on television as well as in newspapers, magazines or on posters and to use at its discretion, the information I have provided on this registration form, and documents I have produced to facilitate the location of my child(ren). This authorization applies throughout all of Canada as well as in all other countries.

If independent credible documents convince **Enfant-Retour Québec** that I am responsible for any abuse against my child(ren) and/or the restraining parent whom I am seeking, **Enfant-Retour Québec** has the right to refuse to get involved or to terminate its involvement with my case.

This registration form cannot be released to any organization, group, individual or institution without the written consent of **Enfant-Retour Québec**. The name "**Enfant-Retour Québec**" cannot be used on any written material without the specific written consent of the organization.

I hereby agree to absolve **Enfant-Retour Québec**, its officers, agents, employees, volunteers and all other affiliated Missing Children organizations of any and all claims that may arise as a result of the actions taken by **Enfant-Retour Québec** in its efforts to locate my child(ren).

I authorize **Enfant-Retour Québec** to receive information from the following organizations in order to facilitate the search for my missing child (children):

1. _____
2. _____
3. _____
4. _____

I hereby declare that all the information I have submitted on this form is true and up to date.

Signature:

Date:

Please ensure the registration of your child(ren) by signing and returning this form along with all the required documents as well as any legal papers pertinent to your file.