

Access to Personal Records Request



Please complete and return this form with the required ID to:
ATR@actionforchildren.org.uk.

Please note: *If you are applying for records as a representative, person holding parental responsibility for a child under 12 years old or are a relative / friend holding power of attorney please DO NOT FILL IN THIS FORM, please email us and we can provide the relevant form.*

Genealogy/Family history requests: Please do not complete this form – please see our website pages relating to Genealogy enquiries (please note we do make a charge for this service)

Title _____ First Name _____ Surname _____

Date of birth: _____ Email _____

Address _____

_____ Postcode _____

Telephone number _____ Mobile number _____

I am requesting the following: (please complete as applicable):

Residential Care Records or Child Migrant Records

Previous name whilst in care _____

Dates in care: from _____ to _____ Name of Care home _____

Adoption Records

Please tick if you are an agency requesting records on behalf an adoptee

Name at birth (if known) _____ Name on adoption _____

Date of adoption (if known) _____

Action for Children service/project /centres that are now closed

Name if different to above whilst receiving a service: _____

Name and address of **service/project /centre** _____

_____ Dates service received: from _____ to _____

Please send copies of the following ID to verify your identity - we cannot proceed without this information

*A copy of **One** of the following (Please tick)*

- Photo Driving licence
- Passport
- Birth Certificate

***PLUS** (Please tick where enclosed)*

- A copy of a utility bill/bank statement which shows your current address. This should be no older than 3 months
- Any other certificates where there has been a name change through marriage, deed poll etc., where applicable

If you cannot provide any of the above please contact us to discuss other forms of acceptable identification

I am requesting access to my personal records held by Action for Children:

Signature _____ Date / /