

# Victorian former wards of state records request

## Family Information Networks and Discovery

Family Information Networks and Discovery (FIND) provide access to records about former wards of state in Victoria.

## Privacy

The Department of Health & Human Services is bound by Victorian privacy laws. For further information about privacy, please refer to the department's privacy policy on our website at: [www.dhs.vic.gov.au/for-individuals/your-rights/your-privacy](http://www.dhs.vic.gov.au/for-individuals/your-rights/your-privacy).

## Your current details

Mr:  Mrs:  Ms:  Miss:

|                        |  |                     |  |
|------------------------|--|---------------------|--|
| <b>Surname:</b>        |  |                     |  |
| <b>First name:</b>     |  | <b>Middle name:</b> |  |
| <b>Date of birth:</b>  |  |                     |  |
| <b>Postal address:</b> |  |                     |  |
| <b>State:</b>          |  | <b>Postcode:</b>    |  |

Any mailing precautions (plain envelope): Yes:  No:

## Contact details

|                    |  |
|--------------------|--|
| <b>Home phone:</b> |  |
| <b>Work phone:</b> |  |
| <b>Mobile:</b>     |  |
| <b>Email:</b>      |  |

Preferred method of contact: Home phone:  Work phone:  Mobile:  Email:  Post:

|                                 |                               |                              |                                      |
|---------------------------------|-------------------------------|------------------------------|--------------------------------------|
| Are you Aboriginal?             | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> | Don't know: <input type="checkbox"/> |
| Are you Torres Strait Islander? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> | Don't know: <input type="checkbox"/> |

For persons of both Aboriginal and Torres Strait Islander origin mark both 'Yes' boxes.

## Please tell us what service you require

|   |                          |
|---|--------------------------|
| <b>Access to ward records about yourself:</b>     | <input type="checkbox"/> |
| <b>Access to ward records about someone else:</b> | <input type="checkbox"/> |

Please note that applications for records where wardship was discharged after 1989 are made through the Department of Health & Human Services Freedom of Information unit: Freedom of Information, GPO Box 4057, Melbourne Victoria 3001.

## Former ward details (at the time of wardship)

Please complete details known to you.

|                                  |  |
|----------------------------------|--|
| <b>Surname:</b>                  |  |
| <b>First and middle name(s):</b> |  |
| <b>Other names known by:</b>     |  |
| <b>Date of birth:</b>            |  |
| <b>Place of birth:</b>           |  |
| <b>Mother's name:</b>            |  |
| <b>Mother's place of birth:</b>  |  |
| <b>Father's name:</b>            |  |
| <b>Father's place of birth:</b>  |  |

## Additional information

Please provide any additional information you feel may be relevant to assist with your request. If insufficient space, please attach additional documentation to support your application.

|  |  |
|--|--|
| <b>Names and dates of agencies/homes:</b>  |  |
| <b>Names of any siblings and the dates they were in care and their ward number if known:</b> |  |
| <b>Other relevant information:</b>   |  |

## Contact with other people

FIND holds a confidential register of applications received and may be able to identify people related to you. If we become aware of a relative whom you do not know, we may contact you to discuss this.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By signing this form you agree to Family Information Networks and Discovery communicating with other relevant organisations on your behalf to seek or release any information relating to your enquiry.

## Checklist

**Please provide this documentation otherwise we will be unable to proceed with your application.**

|  |                          |
|--|--------------------------|
| Sign and date the application form in the space provided.  | <input type="checkbox"/> |
| Provide a copy of current identification showing your signature (for example, a copy of a driver's licence or both sides of a health care card).   | <input type="checkbox"/> |
| Provide a copy of proof of any name change if applicable (for example, a copy of a marriage certificate or a statutory declaration).   | <input type="checkbox"/> |
| If you are applying for someone else's records, you must provide their signed consent to access their records and copy of their current signed identification and proof of any name change, if applicable. | <input type="checkbox"/> |
| If you are applying for someone else's records and that person is deceased, you must provide proof of their death and proof of your relationship to that person.   | <input type="checkbox"/> |

## How to return your form

Print, fill in and sign this form and **return it with copies of any required documents** to postal address:

Department of Health & Human Services  
 Family Information Networks and Discovery  
 PO Box 588, Collins Street West  
 Melbourne Victoria 8007

Or fill in, print, sign and scan this form and **return it with scanned copies of any required documents** by email to: [findduty@dhs.vic.gov.au](mailto:findduty@dhs.vic.gov.au)

## More information

You can contact us at our office:

Family Information Networks and Discovery  
 20/570 Bourke Street  
 Melbourne Victoria 3000

Email: [findduty@dhs.vic.gov.au](mailto:findduty@dhs.vic.gov.au)

Telephone: 1800 130 225 (toll free)

Visit the website: [www.dhs.vic.gov.au/find](http://www.dhs.vic.gov.au/find)

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