

**Diagrama**

**Access to Care Records Request**

*Please complete and return to the address on this form with copies of the required relevant identification if you were in our care, the care of former Cabrini Children's Society or in one of their residential establishments*

**Correspondence address:**

Suite 20 Kent

Space 6-8 Revenge Road

Lordswood

ME5 8UD

|  |  |
| --- | --- |
| Name |  |
| Previous names |  |
| DOB |  |
| Address |  |
| Telephone |  |
| Email |  |
| Name of residential establishment |  |
| Dates in care |  |
| Former Child Migrant | Yes/No |

|  |  |
| --- | --- |
| Information sought |  |

*Please send copies of the following ID to verify your identity and address – we are unable to proceed without checking your identification. Please also include any documents that would evidence any name changes.*

A copy of **one** of the following:

Photo Driving Licence

Passport

Birth Certificate

Adoption Certificate

Plus **one** of the following:

A copy of a utility bill (Gas, Electric, Water), Bank Statement, which shows your current address (dated within 3 months)