

FILE NO.

991/29-4P

VOLUME

1

INDIAN AFFAIRS BRANCH

DEPARTMENT OF CITIZENSHIP AND IMMIGRATION

SUBJECT

FOSTER HOME CARE

CAESAR, CHARLIE + MAGDALENE

#

(NAME)

JOSEPHINE

(BAND NUMBER)

LIARD RIVER

(BAND)

YUKON

(AGENCY)

REFERENCE

DISPOSAL

REFERRED  
TO

BY

REMARKS

DATE

PA  
OR  
BF

BY

DATE

For C.R. Use

s.19(1)

FILE NO.

CAESAR, CHARLIE, MAGDALENE, JOSEPHINE

(BAND NUMBER)

YUKON

LIARD RIVER

(Band)

DO NOT WRITE BELOW THIS LINE



DEPARTMENT OF CITIZENSHIP AND IMMIGRATION  
INDIAN AFFAIRS BRANCH☐ CHILD CARE ☐ JUVENILE DELINQUENCY

166/29-4

INITIAL CHILD PLACEMENT APPLICATION AND  
AUTHORITY FORM

XX

2.00

Application is hereby made for authority to pay on behalf of  
the under-mentioned child at the rate charged by the Child  
Caring Agency ☐ at the rate of \$  
☐ Daily, ☐ Weekly, ☐ Monthly

PAYABLE TO: ☐ Foster Parent  
☐ Child Caring Agency

s.19(1)

FILE NO.	December 8, 1965
DATE	YUKON
AGENCY	
REGIONAL OFFICE AUTHORITY NO.	86/202-1536 1965
FROM	Liard River
TO	Continuing

CHILD	1. NAME	1963	2. BAND	Liard River
	3. BAND NO.		4. DATE OF BIRTH	
	5. RELIGION R-C			
I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS APPLICATION IS WARRANTED AND ACCORDINGLY I AUTHORIZE THE REQUIRED PAYMENTS TO BE MADE. Tarry Caesar ORIGINAL SIGNED BY DUNCAN L. CLARK unknown REGIONAL SUPERVISOR				
PARENTS	6. NAME OF MOTHER Liard River		9. NAME OF FATHER	
	7. BAND AND BAND NO. XX		10. BAND AND BAND NO.	
	8. PRESENT ADDRESS <input type="checkbox"/> ON RESERVE <input checked="" type="checkbox"/> OFF RESERVE		11. PRESENT ADDRESS <input type="checkbox"/> ON RESERVE <input type="checkbox"/> OFF RESERVE	
	12. HAVE ARRANGEMENTS BEEN MADE WHEREBY PARENTS WILL CONTRIBUTE TO THE SUPPORT OF THE CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO			
PLACEMENT BY A CHILD CARING AGENCY OR COURT	13. IF NO INFORMATION AVAILABLE RE MOTHER OR FATHER, GIVE NAME AND ADDRESS OF NEXT OF KIN, LEGAL GUARDIAN OR NEAREST RELATIVE Superintendent, of Child Welfare, Whitehorse, Y.T.			
	14. NAME OF AGENCY XX			
	15. STATUS OF CHILD: November 1, 1965 <input type="checkbox"/> PERMANENT WARDSHIP <input type="checkbox"/> TEMPORARY WARDSHIP <input type="checkbox"/> NON-WARD <input type="checkbox"/> JUVENILE DELINQUENT PLACED IN REFORM INSTITUTION			
	16. DATE CHILD ADMITTED TO CARE OR COMMITTED TO A REFORM INSTITUTION			
PLACEMENT BY INDIAN AFFAIRS BRANCH	17. IF CHILD APPREHENDED OFF THE RESERVE, GIVE BRIEF RESIDENCE HISTORY			
	18. DATE OF PLACEMENT IN FOSTER HOME OR INSTITUTION			
	19. REASONS NECESSITATING PLACEMENT			
	20. WHO REQUESTED PLACEMENT?		21. WHO MADE PLACEMENT?	
	22. HAVE PARENT(S) SIGNED PERMISSION FOR PLACEMENT (FORM IA 3-149)? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	23. PLANS FOR CHILD'S FUTURE (including education and possible adoption)			
	24. NAME OF FOSTER PARENTS OR INSTITUTION WHERE CHILD IS TO BE, OR HAS BEEN PLACED NAME		ADDRESS	
	25. RELATIONSHIP OF FOSTER PARENTS TO CHILD		26. FOSTER PARENTS ARE <input type="checkbox"/> INDIAN <input type="checkbox"/> NON-INDIAN (Give band and band number, if Indian)	
	27. BRIEF INDICATION OF FOSTER HOME ENVIRONMENT			
	December 8, 1965			

Original signed by

XX

DATE

INDIAN AGENCY SUPERINTENDENT



● FOR TREASURY USE ONLY ●

AUTHORITY NO. ....

[illegible]

**NOTES:**

1. Child Caring Agency - includes private agencies, reform institutions and Provincial Departments. Provincial Departments concerned are usually either the Public Welfare Department or the Department of Justice.
2. Completion of Form - When a child is placed by a Child Caring Agency, it will not be necessary to complete that portion of the form entitled "Placement by Indian Affairs Branch". When placed by other than a Child Caring Agency, it will not be necessary to complete that portion of the form entitled "Placement by a Child Caring Agency or Court".





☒ CHILD CARE

☐ JUVENILE DELINQUENCY

INITIAL CHILD PLACEMENT APPLICATION AND  
AUTHORITY FORM

Application is hereby made for authority to pay on behalf of  
the under-mentioned child at the rate charged by the Child  
Caring Agency ☒, or at the rate of \$ 2.00

☒ Daily, ☐ Weekly, ☐ Monthly

S.19(1)

PAYABLE TO: ☐ Foster Parent  
☒ Child Caring Agency

FILE NO.

166/29-4

DATE

December 8, 1965

AGENCY

YUKON

REGIONAL OFFICE AUTHORITY NO.

66/208-1536

FROM

TO

November 1, 1965 Continuing

CHILD

1. NAME

Josephine CAESAR

3. BAND NO.

4. DATE OF BIRTH

1963

2. BAND

Liard River

5. RELIGION

Liard River R.C.

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS APPLICATION IS WARRANTED AND ACCORDINGLY I AUTHORIZE THE  
REQUIRED PAYMENTS TO BE MADE.

REGIONAL SUPERVISOR

PARENTS

6. NAME OF MOTHER

Tanny Caesar

9. NAME OF FATHER

unknown

7. BAND AND BAND NO.

Liard River

10. BAND AND BAND NO.

8. PRESENT ADDRESS

☒ ON RESERVE

☐ OFF RESERVE

11. PRESENT ADDRESS

☐ ON RESERVE

☐ OFF RESERVE

12. HAVE ARRANGEMENTS BEEN MADE WHEREBY PARENTS WILL CONTRIBUTE TO THE SUPPORT OF THE CHILD?

☐ YES

☒ NO

13. IF NO INFORMATION AVAILABLE RE MOTHER OR FATHER, GIVE NAME AND ADDRESS OF NEXT OF KIN, LEGAL GUARDIAN OR NEAREST  
RELATIVE

PLACEMENT BY A CHILD  
CARING AGENCY OR COURT

14. NAME OF AGENCY

Superintendent, of Child Welfare, Whitehorse, Y.T.

15. STATUS OF CHILD:

☐ PERMANENT WARDSHIP

☐ TEMPORARY WARDSHIP

☒ NON-WARD

☐ JUVENILE DELINQUENT PLACED IN REFORM INSTITUTION

16. DATE CHILD ADMITTED TO CARE OR COMMITTED TO A REFORM INSTITUTION

November 1, 1965

17. IF CHILD APPREHENDED OFF THE RESERVE, GIVE BRIEF RESIDENCE HISTORY

PLACEMENT BY INDIAN  
AFFAIRS BRANCH

18. DATE OF PLACEMENT IN FOSTER HOME OR INSTITUTION

19. REASONS NECESSITATING PLACEMENT

20. WHO REQUESTED PLACEMENT?

21. WHO MADE PLACEMENT?

22. HAVE PARENT(S) SIGNED PERMISSION FOR PLACEMENT (FORM IA 3-149)?

☐ YES

☐ NO

23. PLANS FOR CHILD'S FUTURE (Including education and possible adoption)

24. NAME OF FOSTER PARENTS OR INSTITUTION WHERE CHILD IS TO BE, OR HAS BEEN PLACED

NAME

ADDRESS

☐ ON RESERVE

☐ OFF RESERVE

25. RELATIONSHIP OF FOSTER PARENTS TO CHILD

26. FOSTER PARENTS ARE

☐ INDIAN

☐ NON-INDIAN

(Give band and band  
number, if Indian)

27. BRIEF INDICATION OF FOSTER HOME ENVIRONMENT

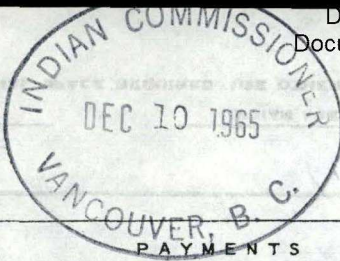
December 8, 1965

DATE

INDIAN AGENCY SUPERINTENDENT



AUTHORITY NO. ....



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CANADA

DEPARTMENT OF CITIZENSHIP AND IMMIGRATION  
INDIAN AFFAIRS BRANCH☒ CHILD CARE☐ JUVENILE DELINQUENCYINITIAL CHILD PLACEMENT APPLICATION AND  
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☒ Daily, ☐ Weekly, ☐ Monthly

PAYABLE TO: ☐ Foster Parent  
☒ Child Caring Agency

FILE NO.

166/29-4

DATE

December 8, 1965

AGENCY

YUKON

REGIONAL OFFICE AUTHORITY NO.

66/208-1536

FROM

November 1, 1965

TO

Continuing

s.19(1)

CHILD

1. NAME

Magdalene CAESAR

2. BAND

Liard River

3. BAND NO.

4. DATE OF BIRTH

1961

5. RELIGION

R.C.

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS APPLICATION IS WARRANTED AND ACCORDINGLY I AUTHORIZE THE  
REQUIRED PAYMENTS TO BE MADE.

ORIGINAL SIGNED BY

DUNCAN L. CLARK

REGIONAL SUPERVISOR

PARENTS

6. NAME OF MOTHER

Tanny Caesar

9. NAME OF FATHER

unknown

7. BAND AND BAND NO.

Liard River

10. BAND AND BAND NO.

8. PRESENT ADDRESS

☒ ON RESERVE☐ OFF RESERVE

11. PRESENT ADDRESS

☐ ON RESERVE☐ OFF RESERVE

12. HAVE ARRANGEMENTS BEEN MADE WHEREBY PARENTS WILL CONTRIBUTE TO THE SUPPORT OF THE CHILD?

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RELATIVEPLACEMENT BY A CHILD  
CARING AGENCY OR COURT

14. NAME OF AGENCY

Superintendent of Child Welfare, Whitehorse, Y.T.

15. STATUS OF CHILD:

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December 8, 1965

DATE

Original signed by

A. E. FRY

INDIAN AGENCY SUPERINTENDENT



AUTHORITY NO. ....

1. Child Caring Agency – includes private agencies, reform institutions and Provincial Departments.



DEPARTMENT OF CITIZENSHIP AND IMMIGRATION  
INDIAN AFFAIRS BRANCH☒ CHILD CARE☐ JUVENILE DELINQUENCYINITIAL CHILD PLACEMENT APPLICATION AND  
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☒ Daily, ☐ Weekly, ☐ Monthly

PAYABLE TO: ☐ Foster Parent  
☒ Child Caring Agency

FILE NO.

166/29-4

DATE

December 8, 1965

AGENCY

YUKON

REGIONAL OFFICE AUTHORITY NO.

66/208-1536

FROM

November 1, 1965

TO

Continuing

s.19(1)

CHILD

1. NAME

Magdalene CAESAR

2. BAND

Liard River

3. BAND NO.

4. DATE OF BIRTH

1961

5. RELIGION

R.C.

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS APPLICATION IS WARRANTED AND ACCORDINGLY I AUTHORIZE THE  
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REGIONAL SUPERVISOR

PARENTS

6. NAME OF MOTHER

Tanny Caesar

9. NAME OF FATHER

unknown

7. BAND AND BAND NO.

Liard River

10. BAND AND BAND NO.

8. PRESENT ADDRESS

☒ ON RESERVE☐ OFF RESERVE

11. PRESENT ADDRESS

☐ ON RESERVE☐ OFF RESERVE

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December 8, 1965

DATE

INDIAN AGENCY SUPERINTENDENT



• FOR TREASURY USE ONLY •

AUTHORITY NO. ....

[illegible]

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OLDFIELD, I. J.

[illegible]

\_\_\_\_\_

1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 26

5. 1. 1952

000015



01944

PLEASE QUOTE FILE



GOVERNMENT OF THE YUKON TERRITORY

Department of Social Welfare,  
P.O. Box 2703,  
Whitehorse, Yukon Terr.,  
December 15th, 1965.

Mr. J.V. Boys,  
Indian Commissioner for B.C.,  
P.O. Box 70,  
Postal Station "a",  
Vancouver 2, B.C.

s.19(1)

Dear Mr. Boys:

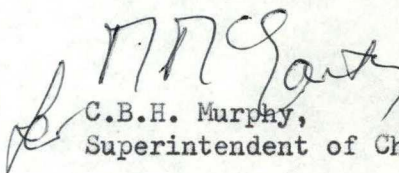
Re: CAESAR, Tanny - Liard River [redacted]  
Ch: CAESAR, Magdalene - Liard River [redacted]  
CAESAR, Josephine - Liard River [redacted]  
Fa: Unknown.

Kindly be advised that the above-named children of Tanny Caesar, were made wards of the Government of the Yukon Territory under the jurisdiction of the Superintendent of Child Welfare for the Yukon on the 21st. day of October, 1965.

Copies of the documents are attached as follows for your information and files:

- 1) Copy of Committal Order
- 2) Copy of Form A - Petition
- 3) Copy of Form B - Statutory Declaration
- 4) Copy of Form C - Notice
- 5) Copy of Affidavit of Service

Yours very truly,

  
C.B.H. Murphy,  
Superintendent of Child Welfare.

Encl. - (5)  
c.c. Indian Affairs Branch, Whitehorse, Y.T.

000016



BEST AVAILABLE COPY

3

CANADA }  
YUKON TERRITORY }

IN THE MATTER OF the Protection  
of Children Ordinance, Chapter 91  
Revised Ordinances of the Yukon  
Territory, 1958

~~ORDER~~

BEFORE JUSTICE OF THE PEACE 2 }  
W. L. Martel }

IN THE MATTER OF the children  
Magdalene CAESAR  
Josephine CAESAR

THURSDAY, the 21st DAY OF

OCTOBER, A.D. 1965, 4:30 p.m.

WATSON LAKE, Yukon Territory

ORDER

UPON THE PRESENTATION by Laura Corinne Loepky, Social Worker for  
Department of Welfare of the Government of the Yukon Territory of an  
ORDER in the matter of the children Magdalene CAESAR and Josephine  
CAESAR, made by myself at Watson Lake, Yukon Territory on Thursday  
the 29th day of April A.D. 1965;

AND UPON READING THAT: It was ordered that Magdalene and Josephine  
CAESAR be delivered into the control of their parent, subject to the  
following terms and conditions:

- (a) should the mother of said children appear before the Court  
within twelve months of this date charged with an offence  
involving liquor, the said children are to be brought before  
this court at that time when a further order regarding the  
care and custody of said children will be made;
- (b) the said children will be subject to the inspection and  
supervision of the Superintendent of Child Welfare, or his  
duly authorized representative, for a period of twelve months  
from this date.

AND UPON IT APPEARING THAT: Tanny CAESAR, the mother of said  
children was convicted on the 22nd day of May A.D. 1965 of consuming  
liquor as an interdict, and was sentenced to five months imprisonment;

IT IS ORDERED THAT Magdalene CAESAR and Josephine CAESAR be and  
are hereby committed to the care of the Superintendent of Child Welfare.

W. L. Martel, Justice of the Peace 2



CANADA  
(  
YUKON TERRITORY)

IN THE MATTER OF the Protection  
of Children Ordinance, Chapter 91  
Revised Ordinances of the Yukon  
Territory, 1958

- and -

BEFORE JUSTICE OF THE PEACE 2)  
)  
W. L. Martel )

IN THE MATTER OF the children  
Magdalene CAESAR  
Josephine CAESAR

THURSDAY, the 29th DAY OF  
APRIL, A.D. 1965, 7:30 p.m.  
WATSON LAKE, Yukon Territory

ORDERS

UPON THE PETITION OF Laura Corinne Appleyard, Social Worker for the  
Department of Welfare of the Government of the Yukon Territory coming on  
for hearing this day in the presence of Tanny CAESAR, mother of Magdalene  
CAESAR and Josephine CAESAR, and of D.A. LOUCKS, constable, R.C.M. Police;  
AND UPON READING the evidence adduced;

AND UPON IT APPEARING THAT:

- (a) The said Magdalene CAESAR, female, was born on the [ ] day of  
[ ], 1961 at Upper Liard in the territory of Yukon;  
registration number 901010-61;
- (b) the said Josephine CAESAR, female, was born on the [ ] day of  
[ ] 1963 at Watson Lake in the Yukon Territory, registration  
number 001188-63;
- (c) the said children are Canadian by birth, are of Indian status,  
and of the Roman Catholic faith;
- (d) the mother of the said children is Tanny CAESAR who is of  
Indian status, and is of the Francis Lake Band [ ] and that  
the father of the said children is unknown;
- (e) the said children by reason of neglect or drunkenness or other  
vices of the parent, are suffered to grow up without proper  
parental control and education, or in circumstances exposing  
such children to an idle or dissolute life, and are in need of  
protection.

s.19(1)

IT IS ORDERED THAT: Magdalene and Josephine CAESAR be delivered  
into the control of their parent, subject to the following terms and  
conditions:

- (a) should the mother of said children appear before the Court  
within twelve months of this date charged with an offence  
involving liquor, the said children are to be brought before this  
court at that time when a further order regarding the care and  
custody of said children will be made;
- (b) the said children will be subject to the inspection and  
supervision of the Superintendent of Child Welfare, or his duly  
authorised representative, for a period of twelve months from  
this date.

W.L. Martel, Justice of the Peace 2







BEST AVAILABLE COPY

Form B

C A N A D A       )  
                          )  
YUKON TERRITORY )

IN THE MATTER OF the Protection of  
Children Ordinance, chapter 9, 1955  
(~~1955~~ Session) R.O.Y.T. 1958,

- AND -

IN THE MATTER OF the children

Magdalene CAESAR

Josephine CAESAR

STATUTORY DECLARATION

I, Miss Laura Corinne Appleyard  
(full name of petitioner)

of Whitehorse, in the Yukon Territory,  
(city, town, village or settlement)  
social worker, DO SOLEMNLY DECLARE:  
(occupation)

1. That the facts set out in the attached petition are true to the best of  
my knowledge and belief.

AND I make this solemn declaration conscientiously believing it to be  
true and knowing that it is of the same force and effect as if made under oath  
and by virtue of the "Canada Evidence Act".

DECLARED before me at  
Whitehorse  
in the Yukon Territory,  
this 23rd day of  
April A. D. 1965.

[Signature]  
A Commissioner for Oaths in  
and for the Yukon Territory

[Signature]  
(signature of Petitioner)



BEST AVAILABLE COPY

Form C

CANADA )  
YUKON TERRITORY )

IN THE MATTER OF the Protection of  
Children Ordinance, Chapter 91, 1958  
~~(R.C.Y.T. 1958)~~

- AND -

IN THE MATTER OF the children

Magdalene CAESAR

Josephine CAESAR

NOTICE

WHEREAS Miss Laura Corinne Appleyard of Whitehorse  
(Name of Petitioner)

in the Yukon Territory, has filed with the Superintendent a petition showing that

Magdalene and Josephine CAESAR  
(name of child or children)

all of Upper Liard, Y.T., appear in need of protection and praying that  
the children be apprehended and brought before a justice.

AND WHEREAS the Superintendent has caused proper inquiries to be made and  
has deemed it advisable to have the children apprehended and brought before a  
justice by reason of their being under the age of eighteen years and in need of  
protection.

AND WHEREAS the children were apprehended at Upper Liard, Y.T.  
on the 13th day of March A. D. 1965:

TAKE NOTICE, therefore, that on the 29th day of April  
A. D. 1965, at the hour of 7:30 o'clock in the after noon,  
Magdalene and Josephine CAESAR  
(full name of child or children)

will be brought before W.L. Martel, J.P., at Watson Lake, Y.T.,  
(name of justice)

who shall investigate the facts of the case and determine whether the children are  
in need of protection.

AND TAKE NOTICE that it will be submitted that Magdalene and Josephine  
CAESAR be delivered into the control of their parent, subject to such terms and  
conditions as to the justice seem just.

DATED at Whitehorse, in the Yukon Territory, this 23rd  
day of April A. D. 1965.

cc: Superintendent of Child Welfare  
Miss Tanya Coates

(Signature of person authorized  
under section 14 of the Ordinance)



BEST AVAILABLE COPY

C A N A D A }  
YUKON TERRITORY }

IN THE MATTER OF the Protection of Children  
Ordinance

- AND -

IN THE MATTER OF the children

Magdalene CAESAR

Josephine CAESAR

AFFIDAVIT OF SERVICE

I, Miss Laura Corinne Appleyard, of Whitehorse in the  
(Name of Deponent) (City)

Yukon Territory, Social Worker, make oath and say  
(Occupation)

as follows:

1. THAT I did on the 26<sup>th</sup> day of April, A.D. 19 65 personally  
serve Miss Tanny Caesar of  
(Full Name of Parent or Superintendent)  
Upper Liard in the Yukon Territory with a true copy of  
the notice of the time when and the place where the ~~child~~/children ~~is~~/are to  
be brought before a justice in this matter.
2. THAT at the time of service the said Miss Tanny Caesar  
(Full Name)  
acknowledged to me ~~he~~/she was the Mother  
(Father, Mother, or Superintendent)  
of the ~~child~~/children above mentioned.

SWORN before me at Watson Lake  
Yukon Territory, this 27  
day of April, 19 65.

James H. Smith  
A COMMISSIONER for oaths in and  
for the Yukon Territory.

Laura Corinne Appleyard



56656

BEST AVAILABLE COPY

GOVERNMENT OF THE YUKON TERRITORY

DEPARTMENT OF WELFARE

P.O. Box 2703,  
Whitehorse, Y.T.  
October 29th, 1965.

Mr. J.V. Boys,  
Indian Commissioner for B.C.,  
P.O. Box 70,  
Postal Station "A",  
VANCOUVER 2, B.C.

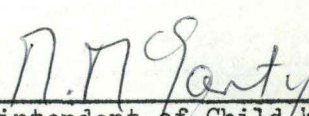
Dear Mr. Boys:



s.19(1) Re: Mo: CAESAR, Tanny - Liard River Band [redacted]  
Fa: U/K  
Ch: CAESAR, Magdalene - b.d. [redacted], 1961  
CAESAR, Josephine - b.d. [redacted], 1963.

This is to advise you that the ~~child~~/children of the  
above named parent(s) ~~was~~/were received into the care of the  
Superintendent of Child Welfare for the Yukon Territory on the  
22nd. day of October, 1965.

May I please have your consent to accept the cost of  
maintenance on behalf of the ~~child~~/children for the period during  
which they will remain in care.

Yours very truly,

  
Superintendent of Child Welfare

  
  
cc: Department of Indian Affairs,  
Whitehorse, Y.T.



BEST AVAILABLE COPY

56656

GOVERNMENT OF THE YUKON TERRITORY

DEPARTMENT OF WELFARE

P.O. Box 2703,  
Whitehorse, Y.T.

October 29th, 1965.

Mr. J.V. Boys,  
Indian Commissioner for B.C.,  
P.O. Box 70,  
Postal Station "A",  
VANCOUVER 2, B.C.

Dear Mr. Boys:

s.19(1)

Re: Mo: CAESAR, Tanny - Liard River Band  
Fa: U/K  
Ch: CAESAR, Magdalene - b.d. [redacted], 1961  
~~CAESAR, Josephine - b.d. [redacted], 1963.~~

This is to advise you that the ~~child~~/children of the  
above named parent(s) ~~was~~/were received into the care of the  
Superintendent of Child Welfare for the Yukon Territory on the  
22nd. day of October, 1965.

May I please have your consent to accept the cost of  
maintenance on behalf of the ~~child~~/children for the period during  
which they will remain in care.

Yours very truly,



Superintendent of Child Welfare

cc: Department of Indian Affairs,  
Whitehorse, Y.T.



BEST AVAILABLE COPY

036437

GOVERNMENT OF THE YUKON TERRITORY

DEPARTMENT OF WELFARE

P.O. Box 2703,  
Whitehorse, Y.T.,  
May 10, 1965.

Mr. J. V. Boys,  
Indian Commissioner for B.C.,  
P.O. Box 70,  
Postal Station "A",  
Vancouver 2, B.C.

Dear Mr. Boys:


s.19(1)

Re: Mo: CAESAR, Tanny, Liard River [redacted]  
Fa: U/K  
Ch: CAESAR, Magdalene, b.d. [redacted] /61  
CAESAR, Josephine, b.d. [redacted] /63  
Upper Liard, Y.T.

This is to advise you that the above named ~~child~~/children, who were taken into the care of the Superintendent of Child Welfare on the 13th day of March, 1965, were discharged on the 26th day of April, 1965.

The care of the ~~child~~/children has been resumed by their mother -  
Tanny Caesar, Upper Liard, Y.T.

Yours very truly,



Superintendent of Child Welfare.

cc: Mr. A. E. Fry, C.,  
Superintendent,  
Indian Affairs Branch,  
Box 2110, WHITEHORSE, Y.T.

000025



036437

BEST AVAILABLE COPY

GOVERNMENT OF THE YUKON TERRITORY

DEPARTMENT OF WELFARE

P.O. Box 2703,  
Whitehorse, Y.T.,  
May 10, 1965.

Mr. J. V. Boys,  
Indian Commissioner for B.C.,  
P.O. Box 70,  
Postal Station "A",  
Vancouver 2, B.C.

Dear Mr. Boys:

s.19(1)


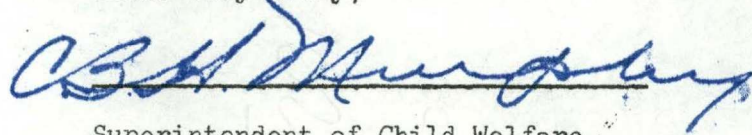
Re: Mo: CAESAR, Tanny, Liard River [redacted]  
Fa: U/K  
Ch: CAESAR, Magdalene, b.d. [redacted] /61  
CAESAR, Josephine, b.d. [redacted] /63  
Upper Liard, Y.T.

This is to advise you that the above named ~~child~~ children, who were taken into the care of the Superintendent of Child Welfare on the 13th day of March, 19 65, were discharged on the 26th day of April, 19 65.

The care of the ~~child~~ children has been resumed by their mother -

Tanny Caesar, Upper Liard, Y.T.

Yours very truly,

Superintendent of Child Welfare.

cc: Mr. A. E. Fry,  
Superintendent,  
Indian Affairs Branch,  
Box 2110, WHITEHORSE, Y.T.

000026



BEST AVAILABLE COPY

030555

GOVERNMENT OF THE YUKON TERRITORY  
DEPARTMENT OF WELFARE

P.O. Box 2703,  
Whitehorse, Y.T.,  
March 17, 1965.

Mr. J. V. Boys,  
Indian Commissioner for B.C.,  
P.O. Box 70,  
Postal Station "A",  
VANCOUVER 2, B.C.

Dear Mr. Boys:

s.19(1)

Re: Mo: CAESAR, Tanny, Upper Liard [redacted]  
Fa: U/K  
Ch: CAESAR, Magdalene, b.d. [redacted] /61  
CAESAR, Josephine, b.d. [redacted] /63

This is to advise you that the ~~child~~ children of the  
above named parent(s) ~~was~~ were received into the care of the  
Superintendent of Child Welfare for the Yukon Territory on the  
13th day of March, 1965.

CP  
May I please have your consent to accept the cost of  
maintenance on behalf of the ~~child~~ children for the period during  
which they will remain in care.

Yours very truly,

C. B. H. Murphy per [signature]  
Superintendent of Child Welfare

cc: Department of Indian Affairs,  
Whitehorse, Y.T.





BEST AVAILABLE COPY

030555

GOVERNMENT OF THE YUKON TERRITORY  
DEPARTMENT OF WELFARE

P.O. Box 2703,  
Whitehorse, Y.T.,  
March 17, 1965.

Mr. J. V. Boys,  
Indian Commissioner for B.C.,  
P.O. Box 70,  
Postal Station "A",  
VANCOUVER 2, B.C.

Dear Mr. Boys:

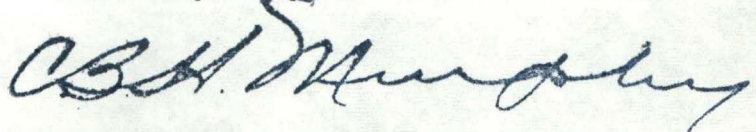
s.19(1)

Re: Mo: CAESAR, Tanny, Upper Liard [redacted]  
Fa: U/K  
Ch: CAESAR, Magdalene, b.d. [redacted] /61  
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Superintendent of Child Welfare for the Yukon Territory on the  
13th day of March, 19 65.

May I please have your consent to accept the cost of  
maintenance on behalf of the ~~child~~/children for the period during  
which they will remain in care.

Yours very truly,



Superintendent of Child Welfare

cc: Department of Indian Affairs,  
Whitehorse, Y.T.



BEST AVAILABLE COPY

026294

GOVERNMENT OF THE YUKON TERRITORY

DEPARTMENT OF WELFARE

P.O. Box 2703,  
Whitehorse, Y.T.,  
February 16, 1965.

Mr. J. V. Boys,  
Indian Commissioner for B.C.,  
P.O. Box 70,  
Postal Station "A",  
Vancouver 2, B.C.

Dear Mr. Boys:

s.19(1)

Re: Mo: Tanny CAESAR, Liard River [redacted]  
Fa: Unknown  
Ch: Magdalene CAESAR, b.d. [redacted] /61  
Josephine CAESAR, b.d. [redacted] /63

This is to advise you that the above named ~~child~~/children, who were taken into the care of the Superintendent of Child Welfare on the 22nd day of November, 19 64, were discharged on the 9th day of January, 19 65.

The care of the ~~child~~/children has been resumed by their mother  
Tanny Caesar, Upper Liard, Y.T.

Yours very truly,

C. B. H. Murphy per Mr.

Superintendent of Child Welfare.

cc: Mr. A. E. Fry,,  
Superintendent,  
Indian Affairs Branch,  
Box 2110, WHITEHORSE, Y.T.



BEST AVAILABLE COPY

026294

GOVERNMENT OF THE YUKON TERRITORY

DEPARTMENT OF WELFARE

P.O. Box 2703,  
Whitehorse, Y.T.,  
February 16, 1965.

Mr. J. V. Boys,  
Indian Commissioner for B.C.,  
P.O. Box 70,  
Postal Station "A",  
Vancouver 2, B.C.

Dear Mr. Boys:

s.19(1)

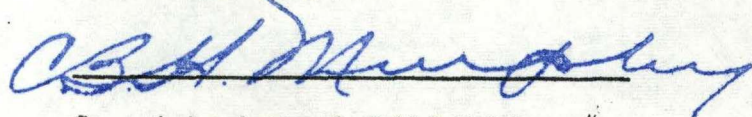
Re: Mo: **Tanny CAESAR, Liard River** [redacted]  
Fa: **Unknown**  
Ch: **Magdalene CAESAR, b.d.** [redacted] /61  
**Josephine CAESAR, b.d.** [redacted] /63

---

This is to advise you that the above named ~~child~~/children, who were taken into the care of the Superintendent of Child Welfare on the 22nd day of November, 19 64, were discharged on the 9th day of January, 19 65.

The care of the ~~child~~/children has been resumed by their mother  
Tanny Caesar, Upper Liard, Y.T.

Yours very truly,



Superintendent of Child Welfare.

cc: Mr. A. E. Fry,,  
Superintendent,  
Indian Affairs Branch,  
Box 2110, WHITEHORSE, Y.T.



BEST AVAILABLE COPY

GOVERNMENT OF THE YUKON TERRITORY  
DEPARTMENT OF WELFARE

P.O. Box 2703,  
Whitehorse, Y.T.,  
February 16, 1965.

Mr. J. V. Boys,  
Indian Commissioner for B.C.,  
P.O. Box 70,  
Postal Station "A",  
VANCOUVER 2, B.C.

Dear Mr. Boys:

s.19(1)

Re: Mo: Tanny CAESAR, Liard River [redacted]  
Fa: Unknown  
Ch: Magdalene CAESAR, b.d. [redacted] /61  
Josephine CAESAR, b.d. [redacted] /63

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above named parent(s) ~~was~~ were received into the care of the  
Superintendent of Child Welfare for the Yukon Territory on the  
22nd day of November, 19 64.

May I please have your consent to accept the cost of  
maintenance on behalf of the ~~child~~ children for the period during  
which they will remain in care.

Yours very truly,

*C. H. Murphy*  
Superintendent of Child Welfare

cc: Department of Indian Affairs,  
Whitehorse, Y.T.



026293

BEST AVAILABLE COPY

GOVERNMENT OF THE YUKON TERRITORY  
DEPARTMENT OF WELFARE

P.O. Box 2703,  
Whitehorse, Y.T.,  
February 16, 1965.

Mr. J. V. Boys,  
Indian Commissioner for B.C.,  
P.O. Box 70,  
Postal Station "A",  
VANCOUVER 2, B.C.

Dear Mr. Boys:

s.19(1)

Re: Mo: Tanny CAESAR, Liard River  
Fa: Unknown  
Ch: Magdalene CAESAR, b.d. /61  
Josephine CAESAR, b.d. /63

This is to advise you that the ~~child~~ children of the  
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Superintendent of Child Welfare for the Yukon Territory on the  
22nd day of November, 1964.

May I please have your consent to accept the cost of  
maintenance on behalf of the ~~child~~ children for the period during  
which they will remain in care.

Yours very truly,



Superintendent of Child Welfare

cc: Department of Indian Affairs,  
Whitehorse, Y.T.



17521

BEST AVAILABLE COPY

GOVERNMENT OF THE YUKON TERRITORY

DEPARTMENT OF WELFARE

P.O. Box 2703,  
Whitehorse, Y.T.,  
November 26, 1964.

Mr. J. V. Boys,  
Indian Commissioner for B.C.,  
P.O. Box 70,  
Postal Station "A",  
Vancouver 2, B.C.

Dear Mr. Boys:

s.19(1)

Re: Mo: Tanny Caesar, Liard River [redacted]  
Fa: Unknown  
Ch: Magdalene Caesar, b.d. [redacted] /61  
Josephine Caesar, b.d. [redacted] /63

This is to advise you that the above named ~~child~~/children, who were taken into the care of the Superintendent of Child Welfare on the 27th day of October, 19 64, were discharged on the 15th day of November, 19 64.

The care of the ~~child~~/children has been resumed by their mother  
Tanny Caesar, Upper Liard, Y.T.

Yours very truly,

C. H. Murphy *per R.T.*  
Superintendent of Child Welfare.

cc: Mr. A. E. Fry, ,  
Superintendent,  
Indian Affairs Branch,  
Box 2110, WHITEHORSE, Y.T.



BEST AVAILABLE COPY

17521

GOVERNMENT OF THE YUKON TERRITORY

DEPARTMENT OF WELFARE

P.O. Box 2703,  
Whitehorse, Y.T.,  
November 26, 1964.

Mr. J. V. Boys,  
Indian Commissioner for B.C.,  
P.O. Box 70,  
Postal Station "A",  
Vancouver 2, B.C.

Dear Mr. Boys:

s.19(1)

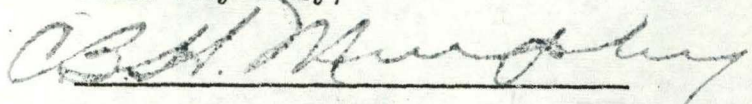
Re: Mo: Tanny Caesar, Liard River [redacted]  
Fa: Unknown  
Ch: Magdalene Caesar, b.d. [redacted] /61  
Josephine Caesar, b.d. [redacted] /63

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The care of the ~~child~~/children has been resumed by their mother  
Tanny Caesar, Upper Liard, Y.T.

Yours very truly,



Superintendent of Child Welfare.

cc: Mr. A. E. Fry,  
Superintendent,  
Indian Affairs Branch,  
Box 2110, WHITEHORSE, Y.T.



DEPARTMENT OF CITIZENSHIP AND IMMIGRATION  
INDIAN AFFAIRS BRANCH☐ CHILD CARE☐ JUVENILE DELINQUENCYINITIAL CHILD PLACEMENT APPLICATION AND  
AUTHORITY FORM

Application is hereby made for authority to pay on behalf of  
the under-mentioned child at the rate charged by the Child  
Caring Agency ☒, or at the rate of \$

☒ Daily, ☐ Weekly, ☐ Monthly

PAYABLE TO: ☐ Foster Parent  
☒ Child Caring Agency

2.00

FILE NO.

DATE

AGENCY

REGIONAL OFFICE AUTHORITY NO.

FROM

TO

2. BAND

5. RELIGION

REGIONAL SUPERVISOR

CHILD

1. NAME

3. BAND NO.

4. DATE OF BIRTH

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS APPLICATION IS WARRANTED AND ACCORDINGLY I AUTHORIZE THE  
REQUIRED PAYMENTS TO BE MADE.

PARENTS

6. NAME OF MOTHER

9. NAME OF FATHER

7. BAND AND BAND NO.

10. BAND AND BAND NO.

8. PRESENT ADDRESS

☐ ON RESERVE☐ OFF RESERVE☐ ON RESERVE☐ OFF RESERVE

12. HAVE ARRANGEMENTS BEEN MADE WHEREBY PARENTS WILL CONTRIBUTE TO THE SUPPORT OF THE CHILD?

☐ YES☐ NO13. IF NO INFORMATION AVAILABLE RE MOTHER OR FATHER, GIVE NAME AND ADDRESS OF NEXT OF KIN, LEGAL GUARDIAN OR NEAREST  
RELATIVEPLACEMENT BY A CHILD  
CARING AGENCY OR COURT

14. NAME OF AGENCY

15.

STATUS OF CHILD:

☐ PERMANENT WARDSHIP☐ TEMPORARY WARDSHIP☐ NON-WARD☐ JUVENILE DELINQUENT PLACED IN REFORM INSTITUTION

16. DATE CHILD ADMITTED TO CARE OR COMMITTED TO A REFORM INSTITUTION

17. IF CHILD APPREHENDED OFF THE RESERVE, GIVE BRIEF RESIDENCE HISTORY

PLACEMENT BY INDIAN  
AFFAIRS BRANCH

18. DATE OF PLACEMENT IN FOSTER HOME OR INSTITUTION

19. REASONS NECESSITATING PLACEMENT

20. WHO REQUESTED PLACEMENT?

21. WHO MADE PLACEMENT?

22. HAVE PARENT(S) SIGNED PERMISSION FOR PLACEMENT (FORM IA 3-149)?

☐ YES☐ NO

23. PLANS FOR CHILD'S FUTURE (Including education and possible adoption)

24. NAME OF FOSTER PARENTS OR INSTITUTION WHERE CHILD IS TO BE, OR HAS BEEN PLACED

NAME

ADDRESS

☐ ON RESERVE☐ OFF RESERVE

25. RELATIONSHIP OF FOSTER PARENTS TO CHILD

26. FOSTER PARENTS ARE

☐ INDIAN☐ NON-INDIAN(Give band and band  
number, if Indian)

27. BRIEF INDICATION OF FOSTER HOME ENVIRONMENT

Original signed by

INDIAN AGENCY SUPERINTENDENT



• FOR TREASURY USE ONLY •

AUTHORITY NO. ....

[illegible]

**NOTES:**

1. Child Caring Agency – includes private agencies, reform institutions and Provincial Departments. Provincial Departments concerned are usually either the Public Welfare Department or the Department of Justice.
2. Completion of Form – When a child is placed by a Child Caring Agency, it will not be necessary to complete that portion of the form entitled "Placement by Indian Affairs Branch". When placed by other than a Child Caring Agency, it will not be necessary to complete that portion of the form entitled "Placement by a Child Caring Agency or Court".



BEST AVAILABLE COPY



DEPARTMENT OF CITIZENSHIP AND IMMIGRATION  
INDIAN AFFAIRS BRANCH

☒ CHILD CARE ☐ JUVENILE DELINQUENCY

INITIAL CHILD PLACEMENT APPLICATION AND  
AUTHORITY FORM

Application is hereby made for authority to pay on behalf of  
the under-mentioned child at the rate charged by the Child  
Caring Agency ☒ , or at the rate of \$ 2.00

☒ Daily, ☐ Weekly, ☐ Monthly

PAYABLE TO: ☐ Foster Parent  
☒ Child Caring Agency

s.19(1)

FILE NO.	166/29-4
DATE	November 10/64
AGENCY	Yukon
REGIONAL OFFICE AUTHORITY NO.	2080/64-65/2547
FROM	October 27/64
TO	Sept. 30, 1967

CHILD	1. NAME Magdalene Caesar	2. BAND Liard River
	3. BAND NO. [redacted]	4. DATE OF BIRTH [redacted]/61
	5. RELIGION R.C.	
I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS APPLICATION IS WARRANTED AND ACCORDINGLY I AUTHORIZE THE REQUIRED PAYMENTS TO BE MADE.  [Signature] REGIONAL SUPERVISOR		
PARENTS	6. NAME OF MOTHER Tanny Caesar	9. NAME OF FATHER unknown
	7. BAND AND BAND NO. Liard River [redacted]	10. BAND AND BAND NO.
	8. PRESENT ADDRESS <input checked="" type="checkbox"/> ON RESERVE <input type="checkbox"/> OFF RESERVE	11. PRESENT ADDRESS <input type="checkbox"/> ON RESERVE <input type="checkbox"/> OFF RESERVE
	12. HAVE ARRANGEMENTS BEEN MADE WHEREBY PARENTS WILL CONTRIBUTE TO THE SUPPORT OF THE CHILD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	13. IF NO INFORMATION AVAILABLE RE MOTHER OR FATHER, GIVE NAME AND ADDRESS OF NEXT OF KIN, LEGAL GUARDIAN OR NEAREST RELATIVE	
PLACEMENT BY A CHILD CARING AGENCY OR COURT	14. NAME OF AGENCY Superintendent of Child Welfare, Whitehorse, Y.T.	
	15. STATUS OF CHILD: <input type="checkbox"/> PERMANENT WARDSHIP <input type="checkbox"/> TEMPORARY WARDSHIP <input checked="" type="checkbox"/> NON-WARD <input type="checkbox"/> JUVENILE DELINQUENT PLACED IN REFORM INSTITUTION	
	16. DATE CHILD ADMITTED TO CARE OR COMMITTED TO A REFORM INSTITUTION	
	17. IF CHILD APPREHENDED OFF THE RESERVE, GIVE BRIEF RESIDENCE HISTORY	
PLACEMENT BY INDIAN AFFAIRS BRANCH	18. DATE OF PLACEMENT IN FOSTER HOME OR INSTITUTION	
	19. REASONS NECESSITATING PLACEMENT	
	20. WHO REQUESTED PLACEMENT?	21. WHO MADE PLACEMENT?
	22. HAVE PARENT(S) SIGNED PERMISSION FOR PLACEMENT (FORM IA 3-149)? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	23. PLANS FOR CHILD'S FUTURE (Including education and possible adoption)	
	24. NAME OF FOSTER PARENTS OR INSTITUTION WHERE CHILD IS TO BE, OR HAS BEEN PLACED NAME ADDRESS <input type="checkbox"/> ON RESERVE <input type="checkbox"/> OFF RESERVE	
	25. RELATIONSHIP OF FOSTER PARENTS TO CHILD	26. FOSTER PARENTS ARE <input type="checkbox"/> INDIAN <input type="checkbox"/> NON-INDIAN (Give band and band number, if Indian)
	27. BRIEF INDICATION OF FOSTER HOME ENVIRONMENT	
	Cancelled Nov 15/64 (copy 3 rec) 1/6/65	

November 10/64

Original signed by

DATE

INDIAN AGENCY SUPERINTENDENT



000038



14089

BEST AVAILABLE COPY

GOVERNMENT OF THE YUKON TERRITORY  
DEPARTMENT OF WELFARE

P.O. Box 2703,  
Whitehorse, Y.T.,  
October 30, 1964.

Mr. J. V. Boys,  
Indian Commissioner for B.C.,  
P.O. Box 70,  
Postal Station "A",  
VANCOUVER 2, B.C.

Dear Mr. Boys:

s.19(1)

Re: Mo: Tanny Caesar, Liard River [redacted]  
Fa: Unknown  
Ch: Magdalene Caesar, b.d. [redacted] /61  
Josephine Caesar, b.d. [redacted] /63

This is to advise you that the ~~xxxx~~/children of the  
above named parent(s) ~~were~~/were received into the care of the  
Superintendent of Child Welfare for the Yukon Territory on the  
27th day of October, 1964.

May I please have your consent to accept the cost of  
maintenance on behalf of the ~~xxxx~~/children for the period during  
which they will remain in care.

Yours very truly,

C.B.H. Ruppel per M.M.  
Superintendent of Child Welfare

cc: Department of Indian Affairs,  
Whitehorse, Y.T.

*applied to be  
fd by Supt.*



BEST AVAILABLE COPY

14089

GOVERNMENT OF THE YUKON TERRITORY  
DEPARTMENT OF WELFARE

P.O. Box 2703,  
Whitehorse, Y.T.,  
October 30, 1964.

Mr. J. V. Boys,  
Indian Commissioner for B.C.,  
P.O. Box 70,  
Postal Station "A",  
VANCOUVER 2, B.C.

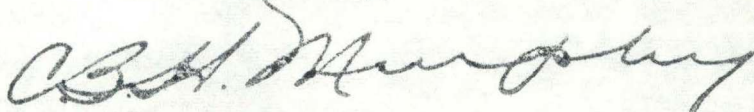
Dear Mr. Boys:

s.19(1) Re: Mo: Tanny Caesar, Liard River [redacted]  
Fa: Unknown  
Ch: Magdalene Caesar, b.d. [redacted]/61  
Josephine Caesar, b.d. [redacted]/63

This is to advise you that the ~~child~~/children of the  
above named parent(s) ~~was~~/were received into the care of the  
Superintendent of Child Welfare for the Yukon Territory on the  
27th day of October, 1964.

May I please have your consent to accept the cost of  
maintenance on behalf of the ~~child~~/children for the period during  
which they will remain in care.

Yours very truly,



Superintendent of Child Welfare

cc: Department of Indian Affairs,  
Whitehorse, Y.T.



DEPARTMENT OF CITIZENSHIP AND IMMIGRATION  
INDIAN AFFAIRS BRANCH☐ CHILD CARE☐ JUVENILE DELINQUENCYINITIAL CHILD PLACEMENT APPLICATION AND  
AUTHORITY FORM

Application is hereby made for authority to pay on behalf of  
the under-mentioned child at the rate charged by the Child  
Caring Agency ☒ or at the rate of \$ 2.00

☒ Daily, ☐ Weekly, ☐ Monthly

PAYABLE TO: ☐ Foster Parent  
☒ Child Caring Agency

FILE NO.

166/29-4

DATE

Sept. 18/64

AGENCY

Yukon

REGIONAL OFFICE AUTHORITY NO.

2080/64-65/2191

FROM

Aug. 3/64

TO

Aug. 29/64

s.19(1)

CHILD

1. NAME

Josephine CAESAR

2. BAND

Liard River

3. BAND NO.

4. DATE OF BIRTH

/63

5. RELIGION

R.C.

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS APPLICATION IS WARRANTED AND ACCORDINGLY I AUTHORIZE THE  
REQUIRED PAYMENTS TO BE MADE.

REGIONAL SUPERVISOR

PARENTS

6. NAME OF MOTHER

Tanny CAESAR

9. NAME OF FATHER

N/A

7. BAND AND BAND NO.

Liard River

10. BAND AND BAND NO.

N/A

8. PRESENT ADDRESS

☒ ON RESERVE☐ OFF RESERVE

11. PRESENT ADDRESS

☐ ON RESERVE☐ OFF RESERVE

12. HAVE ARRANGEMENTS BEEN MADE WHEREBY PARENTS WILL CONTRIBUTE TO THE SUPPORT OF THE CHILD?

☐ YES☒ NO13. IF NO INFORMATION AVAILABLE RE MOTHER OR FATHER, GIVE NAME AND ADDRESS OF NEXT OF KIN, LEGAL GUARDIAN OR NEAREST  
RELATIVEPLACEMENT BY A CHILD  
CARING AGENCY OR COURT

14. NAME OF AGENCY

Superintendent of Child Welfare, Whitehorse, Y.T.

15. STATUS OF CHILD:

☐ PERMANENT WARDSHIP☐ TEMPORARY WARDSHIP☒ NON-WARD☐ JUVENILE DELINQUENT PLACED IN REFORM INSTITUTION

16. DATE CHILD ADMITTED TO CARE OR COMMITTED TO A REFORM INSTITUTION

Aug. 3/64 to Aug. 29/64

17. IF CHILD APPREHENDED OFF THE RESERVE, GIVE BRIEF RESIDENCE HISTORY

PLACEMENT BY INDIAN AFFAIRS BRANCH

18. DATE OF PLACEMENT IN FOSTER HOME OR INSTITUTION

19. REASONS NECESSITATING PLACEMENT

20. WHO REQUESTED PLACEMENT?

21. WHO MADE PLACEMENT?

22. HAVE PARENT(S) SIGNED PERMISSION FOR PLACEMENT (FORM IA 3-149)?

☐ YES☐ NO

23. PLANS FOR CHILD'S FUTURE (Including education and possible adoption)

24. NAME OF FOSTER PARENTS OR INSTITUTION WHERE CHILD IS TO BE, OR HAS BEEN PLACED

NAME

ADDRESS

☐ ON RESERVE☐ OFF RESERVE

25. RELATIONSHIP OF FOSTER PARENTS TO CHILD

26. FOSTER PARENTS ARE

☐ INDIAN☐ NON-INDIAN(Give band and band  
number, if Indian)

27. BRIEF INDICATION OF FOSTER HOME ENVIRONMENT

complete

(copy 3 rec 13/10/64)

Sept. 18/64

DATE

Original signed by

A. E. FRY

INDIAN AGENCY SUPERINTENDENT

(IF ADDITIONAL SPACE REQUIRED USE OTHER SIDE OF SHEET)

TUMBLE: ☐ YES 000041





AUTHORITY NO. \_\_\_\_\_

[illegible]

**NOTES:**

1. Child Caring Agency - includes private agencies, reform institutions and Provincial Departments. Provincial Departments concerned are usually either the Public Welfare Department or the Department of Justice.
2. Completion of Form - When a child is placed by a Child Caring Agency, it will not be necessary to complete that portion of the form entitled "Placement by Indian Affairs Branch". When placed by other than a Child Caring Agency, it will not be necessary to complete that portion of the form entitled "Placement by a Child Caring Agency or Court".



DEPARTMENT OF CITIZENSHIP AND IMMIGRATION  
INDIAN AFFAIRS BRANCH☒ CHILD CARE☐ JUVENILE DELINQUENCYINITIAL CHILD PLACEMENT APPLICATION AND  
AUTHORITY FORM

Application is hereby made for authority to pay on behalf of  
the under-mentioned child at the rate charged by the Child  
Caring Agency ☐ or at the rate of \$ 2.00

☒ Daily, ☐ Weekly, ☐ Monthly

PAYABLE TO: ☐ Foster Parent  
☒ Child Caring Agency

s.19(1)

FILE NO.	166/29-4
DATE	September 18/64
AGENCY	Yukon
REGIONAL OFFICE AUTHORITY NO.	2080/64-65/2490
FROM	TO
Aug. 3/64	Aug. 29/64

CHILD	1. NAME Magdalene CAESAR	2. BAND Liard River
	3. BAND NO. [REDACTED]	4. DATE OF BIRTH [REDACTED]/61
	5. RELIGION R.C.	
I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS APPLICATION IS WARRANTED AND ACCORDINGLY I AUTHORIZE THE REQUIRED PAYMENTS TO BE MADE.  [Signature] REGIONAL SUPERVISOR		
PARENTS	6. NAME OF MOTHER Tanny CAESAR	9. NAME OF FATHER N/A
	7. BAND AND BAND NO. Liard River [REDACTED]	10. BAND AND BAND NO. N/A
	8. PRESENT ADDRESS <input checked="" type="checkbox"/> ON RESERVE <input type="checkbox"/> OFF RESERVE	11. PRESENT ADDRESS <input type="checkbox"/> ON RESERVE <input type="checkbox"/> OFF RESERVE
	12. HAVE ARRANGEMENTS BEEN MADE WHEREBY PARENTS WILL CONTRIBUTE TO THE SUPPORT OF THE CHILD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
13. IF NO INFORMATION AVAILABLE RE MOTHER OR FATHER, GIVE NAME AND ADDRESS OF NEXT OF KIN, LEGAL GUARDIAN OR NEAREST RELATIVE		
PLACEMENT BY A CHILD CARING AGENCY OR COURT	14. NAME OF AGENCY Superintendent of Child Welfare Whitehorse, Y.T.	
	15. STATUS OF CHILD: <input type="checkbox"/> PERMANENT WARDSHIP <input type="checkbox"/> TEMPORARY WARDSHIP <input checked="" type="checkbox"/> NON-WARD <input type="checkbox"/> JUVENILE DELINQUENT PLACED IN REFORM INSTITUTION	
	16. DATE CHILD ADMITTED TO CARE OR COMMITTED TO A REFORM INSTITUTION Aug. 3/64 to Aug. 29/64	
	17. IF CHILD APPREHENDED OFF THE RESERVE, GIVE BRIEF RESIDENCE HISTORY	
PLACEMENT BY INDIAN AFFAIRS BRANCH	18. DATE OF PLACEMENT IN FOSTER HOME OR INSTITUTION	
	19. REASONS NECESSITATING PLACEMENT [Faint text: "Child is completely and totally of the Indian blood..."]	
	20. WHO REQUESTED PLACEMENT?	21. WHO MADE PLACEMENT?
	22. HAVE PARENT(S) SIGNED PERMISSION FOR PLACEMENT (FORM IA 3-149)? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	23. PLANS FOR CHILD'S FUTURE (Including education and possible adoption)	
	24. NAME OF FOSTER PARENTS OR INSTITUTION WHERE CHILD IS TO BE, OR HAS BEEN PLACED NAME ADDRESS <input type="checkbox"/> ON RESERVE <input type="checkbox"/> OFF RESERVE	
	25. RELATIONSHIP OF FOSTER PARENTS TO CHILD	26. FOSTER PARENTS ARE <input type="checkbox"/> INDIAN <input type="checkbox"/> NON-INDIAN (Give band and band number, if Indian)
	27. BRIEF INDICATION OF FOSTER HOME ENVIRONMENT	
	[Faint text: "Child is completely and totally of the Indian blood..."]	
	[Faint text: "Child is completely and totally of the Indian blood..."]	

Complete  
(copy 3 rec 13/10/64)

Sept. 18/64  
DATE

Original signed by

A. E. FRY

INDIAN AGENCY SUPERINTENDENT



AUTHORITY NO. ....

[illegible]

**NOTES:**

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DEPARTMENT OF CITIZENSHIP AND IMMIGRATION  
INDIAN AFFAIRS BRANCH☒ CHILD CARE☐ JUVENILE DELINQUENCYINITIAL CHILD PLACEMENT APPLICATION AND  
AUTHORITY FORM

Application is hereby made for authority to pay on behalf of  
the under-mentioned child at the rate charged by the Child  
Caring Agency ☒, or at the rate of \$2.00

☒ Daily, ☐ Weekly, ☐ Monthly  
PAYABLE TO: ☐ Foster Parent  
☒ Child Caring Agency

FILE NO.	166/29-4
DATE	Sept. 18/64
AGENCY	Yukon
REGIONAL OFFICE AUTHORITY NO.	2080/64-65/2489
FROM	Aug. 3/64
TO	Aug. 29/64

S.19(1)

CHILD	1. NAME	Charlie CAESAR	2. BAND	Lillard River
	3. BAND NO.		4. DATE OF BIRTH	/58
	5. RELIGION			
I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS APPLICATION IS WARRANTED AND ACCORDINGLY I AUTHORIZE THE REQUIRED PAYMENTS TO BE MADE.				
REGIONAL SUPERVISOR				
PARENTS	6. NAME OF MOTHER	Tenny CAESAR	9. NAME OF FATHER	N/A
	7. BAND AND BAND NO.	Lillard River	10. BAND AND BAND NO.	
	8. PRESENT ADDRESS	<input checked="" type="checkbox"/> ON RESERVE <input type="checkbox"/> OFF RESERVE	11. PRESENT ADDRESS	<input type="checkbox"/> ON RESERVE <input type="checkbox"/> OFF RESERVE
	12. HAVE ARRANGEMENTS BEEN MADE WHEREBY PARENTS WILL CONTRIBUTE TO THE SUPPORT OF THE CHILD?			
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
13. IF NO INFORMATION AVAILABLE RE MOTHER OR FATHER, GIVE NAME AND ADDRESS OF NEXT OF KIN, LEGAL GUARDIAN OR NEAREST RELATIVE				
PLACEMENT BY A CHILD CARING AGENCY OR COURT	14. NAME OF AGENCY	Superintendent of Child Welfare, Whitehorse, Y.T.		
	15. STATUS OF CHILD:	<input type="checkbox"/> PERMANENT WARDSHIP <input type="checkbox"/> TEMPORARY WARDSHIP <input checked="" type="checkbox"/> NON-WARD <input type="checkbox"/> JUVENILE DELINQUENT PLACED IN REFORM INSTITUTION		
	16. DATE CHILD ADMITTED TO CARE OR COMMITTED TO A REFORM INSTITUTION	August 3rd to Aug. 20/64		
	17. IF CHILD APPREHENDED OFF THE RESERVE, GIVE BRIEF RESIDENCE HISTORY			
PLACEMENT BY INDIAN AFFAIRS BRANCH	18. DATE OF PLACEMENT IN FOSTER HOME OR INSTITUTION			
	19. REASONS NECESSITATING PLACEMENT			
	20. WHO REQUESTED PLACEMENT?		21. WHO MADE PLACEMENT?	
	22. HAVE PARENT(S) SIGNED PERMISSION FOR PLACEMENT (FORM IA 3-149)?			
	<input type="checkbox"/> YES <input type="checkbox"/> NO			
	23. PLANS FOR CHILD'S FUTURE (including education and possible adoption)			
	24. NAME OF FOSTER PARENTS OR INSTITUTION WHERE CHILD IS TO BE, OR HAS BEEN PLACED		NAME ADDRESS	
	25. RELATIONSHIP OF FOSTER PARENTS TO CHILD		26. FOSTER PARENTS ARE <input type="checkbox"/> INDIAN <input type="checkbox"/> NON-INDIAN (Give band and band number, if Indian)	
	27. BRIEF INDICATION OF FOSTER HOME ENVIRONMENT			
	complete (copy 3 and 13/10/64)			

Sept. 18/64

DATE

Original signed by

INDIAN AGENCY SUPERINTENDENT





AUTHORITY NO. ....

[illegible]

**NOTES:**

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2. Completion of Form - When a child is placed by a Child Caring Agency, it will not be necessary to complete that portion of the form entitled "Placement by Indian Affairs Branch". When placed by other than a Child Caring Agency, it will not be necessary to complete that portion of the form entitled "Placement by a Child Caring Agency or Court".



BEST AVAILABLE COPY

8325

PLEASE QUOTE FILE



GOVERNMENT OF THE YUKON TERRITORY

Department of Welfare,  
September 9, 1964.  
P.O. Box 2703.

Mr. J. V. Boys,  
Indian Commissioner for B.C.,  
P.O. Box 70,  
Postal Station "A",  
VANCOUVER 2, B.C.

Dear Mr. Boys:

s.19(1)

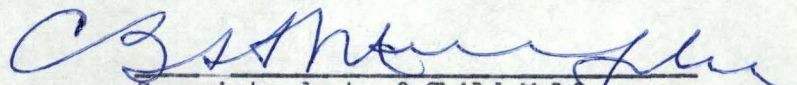
Re: Mo: Tanny CAESAR, Liard River Band [redacted]  
Fa: Unknown  
Chi: Charlie CAESAR, b.d. [redacted]/58  
Magdalene CAESAR, b.d. [redacted]/61  
Josephine CAESAR, [redacted]/63  
Liard River Band [redacted], Upper Liard, Y.T.

This is to advise you that the children of the above-named parent were received into the care of the Superintendent of Child Welfare for the Yukon Territory on the 3rd day of August, 1964 and discharged on the 29th day of August, 1964.

The care of the children has been resumed by the mother, Tanny CAESAR, Liard River Band [redacted], Upper Liard, Yukon.

May I please have your consent to accept the cost of maintenance on behalf of the children for the period during which they remained in care?

Yours very truly,

  
Superintendent of Child Welfare.

cc: Department of Indian Affairs,  
Whitehorse, Y.T.

*Applied to be  
fd by Supt.*

000047



8325

Department of Welfare,  
September 9, 1964.  
P.O. Box 2703.

Mr. J. V. Boys,  
Indian Commissioner for B.C.,  
P.O. Box 70,  
Postal Station "A",  
VANCOUVER 2, B.C.

Dear Mr. Boys:

s.19(1)

Re: No: Tanny CANSAR, Liard River Band  
Pa: Unknown  
Chi: Charlie CANSAR, b.d. [redacted] /58  
Magdalene CANSAR, b.d. [redacted] /61  
Josephine CANSAR, b.d. [redacted] /63  
Liard River Band [redacted], Upper Liard, Y.T.

This is to advise you that the children of the above-named parent were received into the care of the Superintendent of Child Welfare for the Yukon Territory on the 3rd day of August, 1964 and discharged on the 29th day of August, 1964.

The care of the children has been resumed by the mother, Tanny CANSAR, Liard River Band [redacted], Upper Liard, Yukon.

May I please have your consent to accept the cost of maintenance on behalf of the children for the period during which they remained in care?

Yours very truly,

*C. H. Murphy*  
Superintendent of Child Welfare.

RECEIVED  
SEP 16 1964  
INDIAN COMMISSIONER  
VANCOUVER B.C.

cc: Department of Indian Affairs,  
Ottawa, I.T.



BEST AVAILABLE COPY

000072

P. O. Box 2029,  
Whitehorse, Y.T.  
March 28, 1963.

Mr. J. V. Boys,  
Indian Commissioner for B.C.,  
P. O. Box 70, Postal Station "A",  
VANCOUVER 2, B. C.

Dear Mr. Boys:

This is to advise you that the following children have  
been discharged from the care of the Superintendent of Child  
Welfare for the Yukon Territory.

<u>Child</u>	<u>Band No.</u>	<u>Date of Discharge</u>	<u>Discharged to:</u>
✓ CAESAR, Charlie	Liard River	July 7, 1962	Mother
CAESAR, Magdalene	" "	July 7, 1962	Mother
GRAHAM, Joan Gail	Champagne	August 18, 1962	Mother (trial period)
JONAS, Peter	Dawson	June 16, 1962	Adoptive parents
LADUE, Abraham John	Sekirk	June 26, 1962	Mother
LADUE, Richard	"	June 26, 1962	Mother
LADUE, Raymond Geo.	"	June 27, 1962	Mother
MCGINTY, Harry	"	July 2, 1962	Parents (trial period)
O'BRIEN, Simon A.	Carmacks	July 15, 1962	Mother

s.19(1)

We regret the delay in notifying you of this matter. The  
oversight was due to a change in office procedure.

Yours very truly,

*Marie Riddell*

(Miss) Marie Riddell,  
Superintendent of Child Welfare.



Mr. A. H. Fry,  
Indian Supt., Whitehorse

000049



DEPARTMENT OF CITIZENSHIP AND IMMIGRATION  
INDIAN AFFAIRS BRANCH☒ CHILD CARE☐ JUVENILE DELINQUENCYINITIAL CHILD PLACEMENT APPLICATION AND  
AUTHORITY FORMApplication is hereby made for authority to pay on behalf of  
the under-mentioned child at the rate charged by the Child  
Caring Agency ☐, or at the rate of \$☐ Daily, ☐ Weekly, ☐ Monthly 1.00PAYABLE TO: ☐ Foster Parent  
☐ Child Caring Agency

FILE NO.

DATE

AGENCY

REGIONAL OFFICE AUTHORITY NO.

FROM

TO

s.19(1)

CHILD

1. NAME

3. BAND NO.

4. DATE OF BIRTH

2. BAND

5. RELIGION

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS APPLICATION IS WARRANTED AND ACCORDINGLY I AUTHORIZE THE  
REQUIRED PAYMENTS TO BE MADE.

REGIONAL SUPERVISOR

PARENTS

6. NAME OF MOTHER

9. NAME OF FATHER

7. BAND AND BAND NO.

10. BAND AND BAND NO.

8. PRESENT ADDRESS

11. PRESENT ADDRESS

☐ ON RESERVE☐ OFF RESERVE☐ ON RESERVE☐ OFF RESERVE

12. HAVE ARRANGEMENTS BEEN MADE WHEREBY PARENTS WILL CONTRIBUTE TO THE SUPPORT OF THE CHILD?

☐ YES☐ NO13. IF NO INFORMATION AVAILABLE RE MOTHER OR FATHER, GIVE NAME AND ADDRESS OF NEXT OF KIN, LEGAL GUARDIAN OR NEAREST  
RELATIVEPLACEMENT BY A CHILD  
CARING AGENCY OR COURT

14. NAME OF AGENCY

15. STATUS OF CHILD:

☐ PERMANENT WARDSHIP☐ TEMPORARY WARDSHIP☐ NON-WARD☐ JUVENILE DELINQUENT PLACED IN REFORM INSTITUTION

16. DATE CHILD ADMITTED TO CARE OR COMMITTED TO A REFORM INSTITUTION

17. IF CHILD APPREHENDED OFF THE RESERVE, GIVE BRIEF RESIDENCE HISTORY

PLACEMENT BY INDIAN  
AFFAIRS BRANCH

18. DATE OF PLACEMENT IN FOSTER HOME OR INSTITUTION

19. REASONS NECESSITATING PLACEMENT

20. WHO REQUESTED PLACEMENT?

21. WHO MADE PLACEMENT?

22. HAVE PARENT(S) SIGNED PERMISSION FOR PLACEMENT (FORM IA 3-149)?

☐ YES☐ NO

23. PLANS FOR CHILD'S FUTURE (Including education and possible adoption)

24. NAME OF FOSTER PARENTS OR INSTITUTION WHERE CHILD IS TO BE, OR HAS BEEN PLACED

NAME

ADDRESS

☐ ON RESERVE☐ OFF RESERVE

25. RELATIONSHIP OF FOSTER PARENTS TO CHILD

26. FOSTER PARENTS ARE ☐ INDIAN ☐ NON-INDIAN(Give band and band  
number, if Indian)

27. BRIEF INDICATION OF FOSTER HOME ENVIRONMENT

Cancelled: July 7/62  
(copy 3 rec.)Original signed by  
SUPT. YUKON INDIAN AGENCY

DATE

INDIAN AGENCY SUPERINTENDENT



BEST AVAILABLE COPY

AUTHORITY NO. ....

[illegible]

**NOTES:**

1. Child Caring Agency – includes private agencies, reform institutions and Provincial Departments. Provincial Departments concerned are usually either the Public Welfare Department or the Department of Justice.
2. Completion of Form – When a child is placed by a Child Caring Agency, it will not be necessary to complete that portion of the form entitled "Placement by Indian Affairs Branch". When placed by other than a Child Caring Agency, it will not be necessary to complete that portion of the form entitled "Placement by a Child Caring Agency or Court".





CANADA

DEPARTMENT OF CITIZENSHIP AND IMMIGRATION  
INDIAN AFFAIRS BRANCH☒ CHILD CARE☐ JUVENILE DELINQUENCYINITIAL CHILD PLACEMENT APPLICATION AND  
AUTHORITY FORM

Application is hereby made for authority to pay on behalf of  
the under-mentioned child at the rate charged by the Child  
Caring Agency ☐, or at the rate of \$ 1.50

☒ Daily, ☐ Weekly, ☐ Monthly

PAYABLE TO: ☐ Foster Parent  
☒ Child Caring Agency

s.19(1)

FILE NO.	166/29-4
DATE	June 20, 1962
AGENCY	Yukon
REGIONAL OFFICE AUTHORITY NO.	2080/62-62/120
FROM	TO
June 8, 1962	May 31, 1965

CHILD	1. NAME	CAESAR, Charlie			
	3. BAND NO.		4. DATE OF BIRTH	/50	
	2. BAND	Liard River			
	5. RELIGION	R.C.			
I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS APPLICATION IS WARRANTED AND ACCORDINGLY I AUTHORIZE THE REQUIRED PAYMENTS TO BE MADE.					
REGIONAL SUPERVISOR					
PARENTS	6. NAME OF MOTHER	Tanny Caesar			
	9. NAME OF FATHER	unknown			
	7. BAND AND BAND NO.	Liard River	10. BAND AND BAND NO.	H.A.	
	8. PRESENT ADDRESS	<input checked="" type="checkbox"/> ON RESERVE <input type="checkbox"/> OFF RESERVE		11. PRESENT ADDRESS	H.A. <input type="checkbox"/> ON RESERVE <input type="checkbox"/> OFF RESERVE
	12. HAVE ARRANGEMENTS BEEN MADE WHEREBY PARENTS WILL CONTRIBUTE TO THE SUPPORT OF THE CHILD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
13. IF NO INFORMATION AVAILABLE RE MOTHER OR FATHER, GIVE NAME AND ADDRESS OF NEXT OF KIN, LEGAL GUARDIAN OR NEAREST RELATIVE					
PLACEMENT BY A CHILD CARING AGENCY OR COURT	14. NAME OF AGENCY			Superintendent of Child Welfare, Yukon Territory	
	15. STATUS OF CHILD:			<input type="checkbox"/> PERMANENT WARDSHIP <input type="checkbox"/> TEMPORARY WARDSHIP <input checked="" type="checkbox"/> NON-WARD <input type="checkbox"/> JUVENILE DELINQUENT PLACED IN REFORM INSTITUTION	
	16. DATE CHILD ADMITTED TO CARE OR COMMITTED TO A REFORM INSTITUTION			June 8, 1962	
	17. IF CHILD APPREHENDED OFF THE RESERVE, GIVE BRIEF RESIDENCE HISTORY				
PLACEMENT BY INDIAN AFFAIRS BRANCH	18. DATE OF PLACEMENT IN FOSTER HOME OR INSTITUTION				
	19. REASONS NECESSITATING PLACEMENT				
	20. WHO REQUESTED PLACEMENT?		21. WHO MADE PLACEMENT?		
	22. HAVE PARENT(S) SIGNED PERMISSION FOR PLACEMENT (FORM IA 3-149)? <input type="checkbox"/> YES <input type="checkbox"/> NO				
	23. PLANS FOR CHILD'S FUTURE (Including education and possible adoption)				
	24. NAME OF FOSTER PARENTS OR INSTITUTION WHERE CHILD IS TO BE, OR HAS BEEN PLACED				
	NAME		ADDRESS		
			<input type="checkbox"/> ON RESERVE <input type="checkbox"/> OFF RESERVE		
	25. RELATIONSHIP OF FOSTER PARENTS TO CHILD		26. FOSTER PARENTS ARE <input type="checkbox"/> INDIAN <input type="checkbox"/> NON-INDIAN (Give band and band number, if Indian)		
	27. BRIEF INDICATION OF FOSTER HOME ENVIRONMENT				

Cancelled July 7/62  
(copy & rec.)

Original signed by  
SUPT. YUKON INDIAN AGENCY  
INDIAN AGENCY SUPERINTENDENT

June 20/62

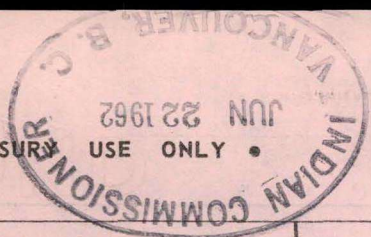
DATE



● FOR TREASURY USE ONLY ●

AUTHORITY NO. ....

BEST AVAILABLE COPY

[illegible]

**NOTES:**

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2. Completion of Form – When a child is placed by a Child Caring Agency, it will not be necessary to complete that portion of the form entitled "Placement by Indian Affairs Branch". When placed by other than a Child Caring Agency, it will not be necessary to complete that portion of the form entitled "Placement by a Child Caring Agency or Court".



166/29-4P

Miss M. Riddell,  
Acting Supt. of Child Welfare,  
P.O. Box 2029,  
Whitehorse, Y.T.

P.O. Box 70,  
Postal Station 'A',  
Vancouver 2, B.C.

June 27, 1962.

Dear Miss Riddell:

s.19(1)

Re: Tanny CAESAR,  
No. [redacted] Liard River Band.  
Chn: Charlie, b. [redacted] 58  
Magdalene, b. [redacted] 61

With reference to your letter of June 18 in connection with the above-named child being taken into care, please be advised that this Department will accept maintenance costs at your per diem rate for Charlie and Magdalene as of June 8, 1962.

Yours very truly,

gs

J. V. Boys,  
Indian Commissioner for B.C.



## MEMORANDUM • GOVERNMENT OF CANADA

014421

TO : Indian Commissioner for B.C.

YOUR FILE No:

FROM : Indian Superintendent, Yukon Agency

OUR FILE No: 166/29-4

SUBJECT: Foster Home Placement -  
Children of Tanny Caesar, Liard River [REDACTED]

DATE: 21 June 1962

s.19(1)

Attached please find application for foster home care for  
Charlie and Magdalene Caesar.

May authorities please be set up for maintenance costs for  
these children.

*(Mrs) P. Wilton*  
W. E. Grant  
Indian Superintendent

PW/EF





BEST AVAILABLE COPY

014421

Indian Commissioner for B.C.

Indian Superintendent, Yukon Agency

166/29-4

Foster Home Placement -  
Children of Tanny Caesar, Liard River

21 June 1962

s.19(1)

Attached please find application for foster home care for  
Charlie and Magdalene Caesar.

May authorities please be set up for maintenance costs for  
these children.

W. E. Grant  
Indian Superintendent

PW/EF



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GOVERNMENT OF THE YUKON TERRITORY  
DEPARTMENT OF WELFARE

P.O. Box 2029,  
Whitehorse, Y.T.,  
June 18, 1962.

Mr. J. V. Boys,  
Indian Commissioner for B.C.,  
P.O. Box 70,  
Postal Station "A",  
VANCOUVER 2, B.C.

Dear Mr. Boys:

s.19(1)

Re: Mo: CAESAR: Tanny b.d. [redacted]/40  
~~Tax~~ Liard River Band [redacted]  
Ch: CAESAR: Charlie b.d. [redacted]/58  
CAESAR: Magdalene b.d. [redacted]/61

This is to advise you that the ~~child~~ children of the  
above named parent(s) was/~~were~~ received into the care of the  
Superintendent of Child Welfare for the Yukon Territory on the  
8th day of June, 1962.

May I please have your consent to accept the cost of  
maintenance on behalf of the ~~child~~ children for the period during  
which they will remain in care.

Yours very truly,

\_\_\_\_\_  
Superintendent of Child Welfare

cc: Department of Indian Affairs,  
Whitehorse, Y.T.

c.c. Supt. Grant - Kindly submit an Initial Child Placement  
Application for each child if they are our  
responsibility.