

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
(NAME) (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	YUBIN
AGENCY	
REGIONAL OFFICE AUTHORITY NO.	66/208-1536 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		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 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 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				
Superintendent, of Child Welfare, Whitehorse, Y.T.				

PLACEMENT BY A CHILD CARING AGENCY OR COURT	14. NAME OF AGENCY	XX
	15. STATUS OF CHILD:	November 1, 1966 <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	
	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	<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	
December 8, 1965		

Original signed by
F. ERY
INDIAN AGENCY SUPERINTENDENT

DATE: _____

IA 3-114 (REV. 3-62) (IF ADDITIONAL SPACE REQUIRED USE OTHER SIDE OF SHEET) TUMBLE: YES NO 000008



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

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	2. BAND Liard River	
	3. BAND NO. [REDACTED]	4. DATE OF BIRTH [REDACTED] 1963	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. [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 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)? <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	<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		

December 8, 1965
DATE

[Signature]
INDIAN AGENCY SUPERINTENDENT



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**

s.19(1)

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

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	<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	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)? <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	<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	

December 8, 1965

Original signed by
A. E. FRY

DATE

INDIAN AGENCY SUPERINTENDENT



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 December 8, 1965
 AGENCY YUKON
 REGIONAL OFFICE AUTHORITY NO. 66/208-1536
 FROM November 1, 1965 TO Continuing

CHILD	1. NAME <u>Magdalene CAESAR</u>		2. BAND <u>Liard River</u>	
	3. BAND NO.	4. DATE OF BIRTH <u>1961</u>	5. RELIGION <u>R.C.</u>	
	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 <u>Tanny Caesar</u>		9. NAME OF FATHER <u>unknown</u>	
	7. BAND AND BAND NO. <u>Liard River</u>		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 <u>Superintendent of Child Welfare, Whitehorse, Y.T.</u>	
	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 <u>November 1, 1965</u>	
	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	
	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		

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:

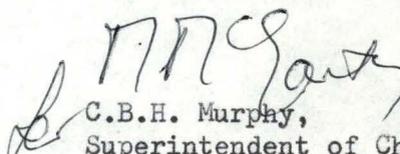
Re: CAESAR, Tanny - Liard River [redacted]
Ch: CAESAR, Magdalene - Liard River [redacted]
CAESAR, Josephine - Liard River [redacted]
Fa: Unknown.

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.

CP

000016

BEST AVAILABLE COPY

CANADA }
YUKON TERRITORY }

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

~~W. L. Martel~~

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

C A N A D A)
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 [redacted] day of
[redacted], 1961 at Upper Liard in the territory of Yukon;
registration number 901010-61;
- (b) the said Josephine CAESAR, female, was born on the [redacted] day of
[redacted] 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 [redacted] 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

SCHEDULE

Form A

C A N A D A)
)
YUKON TERRITORY)

IN THE MATTER OF the Protection of
Children Ordinance, (Chapter 91, 1959;
~~First Session~~), R.O.Y.T. 1958,

- AND -

IN THE MATTER OF THE CHILDREN

Magdalene CAESAR

Josephine CAESAR

P E T I T I O N

THE PETITION OF Miss Laura Corinne Appleyard

of the City of Whitehorse, in the Yukon Territory, Social Worker
(occupation)

states as follows:

1. That the above-named children, are children under the age of 18 years, who 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; (Section 12, subsection d);
2. That the particulars respecting the births of the above-named children are as follows:
 - (a) Magdalene CAESAR, female, born at Upper Liard Bridge in the Yukon Territory, on the day of A.D. 1961, of Indian status - Reg. No. 901010-61;
 - (b) Josephine CAESAR, female, born at Watson Lake in the Yukon Territory, on the day of , A.D. 1963, of Indian status - Reg. No. 001188-63;
3. That the mother of the said children is Tanny CAESAR, a single woman of Indian status;
4. That the father of the said children is unknown;
5. That the religion of the above-named children is Roman Catholic.

THIS PETITION, therefore, prays that _____

Magdalene and Josephine CAESAR
(full name of child or children)

be apprehended and brought before a justice to be dealt with in accordance with the above Ordinance.

Laura Corinne Appleyard
(Signature of Petitioner)

s.19(1)

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Form B

C A N A D A)
)
YUKON TERRITORY)

IN THE MATTER OF the Protection of
Children Ordinance, chapter 9, 1958
(~~1958~~) 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.

Laura Corinne Appleyard
(signature of Petitioner)

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

BEST AVAILABLE COPY

Form C

CANADA)
)
YUKON TERRITORY)

IN THE MATTER OF the Protection of
Children Ordinance, Chapter 91, ~~1958~~
~~(R.S.O. 1958)~~ R.O.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 Tanny Coomb

(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 26th 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.

Laura Corinne Appleyard

[Signature]
A COMMISSIONER for oaths in and
for the Yukon Territory.

56656

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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:

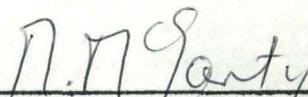
s.19(1)

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~~ 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~~ 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.

000023

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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 [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

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.

gp

Yours very truly,

Superintendent of Child Welfare.

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

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,

C. B. H. Murphy

Superintendent of Child Welfare.

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

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
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:

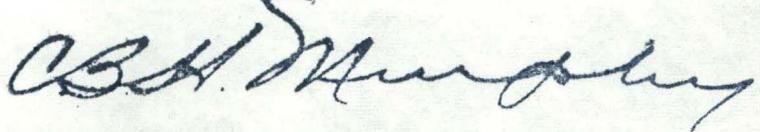
s.19(1)

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

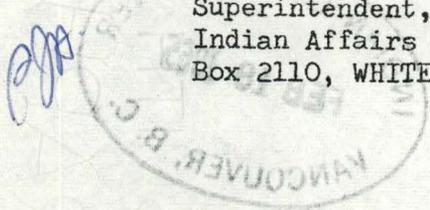
The care of the ~~child~~/children has been resumed by their mother
Tanny Caesar, Upper Liard, Y.T.

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.



026294

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:

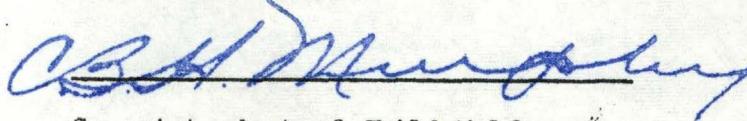
s.19(1)

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

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.

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 [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
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. S. 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:

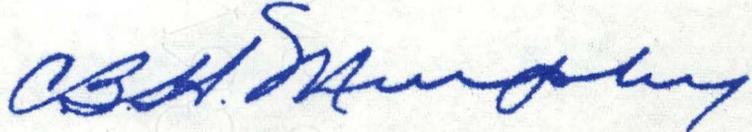
s.19(1)

Re: Mo: Tanny CAESAR, Idard 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
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

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,



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 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 \$

Daily, Weekly, Monthly **2.00**
PAYABLE TO: Foster Parent
 Child Caring Agency

s.19(1)

FILE NO.	
DATE	166/29-4
AGENCY	November 10/64
REGIONAL OFFICE AUTHORITY NO.	Tukon 2080/64-65/2543
FROM	October 27/64
TO	Sept. 30, 1967

CHILD	1. NAME	Josephine CAESAR		2. BAND	
	3. BAND NO.		4. DATE OF BIRTH	5. RELIGION	Hard River
	I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS APPLICATION IS WARRANTED AND ACCORDINGLY I AUTHORIZE THE REQUIRED PAYMENTS TO BE MADE.				

Spencer M... [Signature]
REGIONAL SUPERVISOR

PARENTS	6. NAME OF MOTHER	Tanny Caesar		9. NAME OF FATHER	unknown
	7. BAND AND BAND NO.	Hard River		10. BAND AND BAND NO.	
	8. PRESENT ADDRESS	<input type="checkbox"/> ON RESERVE <input type="checkbox"/> OFF RESERVE		11. PRESENT ADDRESS	
	12. HAVE ARRANGEMENTS BEEN MADE WHEREBY PARENTS WILL CONTRIBUTE TO THE SUPPORT OF THE CHILD? <input type="checkbox"/> YES <input 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 checked="" type="checkbox"/> TEMPORARY WARDSHIP <input type="checkbox"/> NON-WARD <input type="checkbox"/> JUVENILE DELINQUENT PLACED IN REFORM INSTITUTION <input checked="" type="checkbox"/>			
	16. DATE CHILD ADMITTED TO CARE OR COMMITTED TO A REFORM INSTITUTION	October 27, 1964			
	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		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			

*Cancelled Nov 15/64
(copy 3 rec 1/6/65)*

Original signed by
A. F. FRY
INDIAN AGENCY SUPERINTENDENT

November 10/64
DATE

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

s.19(1)

PAYABLE TO: Foster Parent
 Child Caring Agency

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	Margalene Caesar	2. BAND	Liard River
	3. BAND NO.		4. DATE OF BIRTH	/61
	I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS APPLICATION IS WARRANTED AND ACCORDINGLY I AUTHORIZE THE REQUIRED PAYMENTS TO BE MADE.		5. RELIGION	R.C.

Stanley J. ...
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	<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			

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	<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

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) ~~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 ~~xxxx~~/children for the period during
which they will remain in care.

Yours very truly,

C.B.H. Dupuy per A.M.
Superintendent of Child Welfare

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

*copy to be
fd by Dept.*

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.

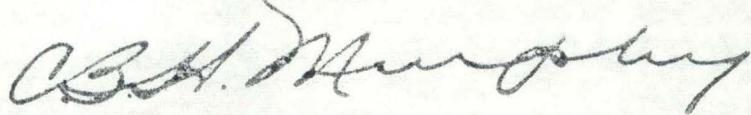
Dear Mr. Boys:

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 ~~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 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	Sept. 18/64
AGENCY	Yukon
REGIONAL OFFICE AUTHORITY NO.	208C/64-65/2191
FROM	Aug. 3/64
TO	Aug. 29/64

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.

ADG
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	<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	
	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	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 rec 13/10/64)

Sept. 18/64

DATE

Original signed by

A. E. FEY
INDIAN AGENCY SUPERINTENDENT

(IF ADDITIONAL SPACE REQUIRED USE OTHER SIDE OF SHEET)

TUMBLE: YES NO 000041



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

CHILD	1. NAME	Charlie CAESAR	2. BAND	Liard River
	3. BAND NO.		4. DATE OF BIRTH	/58
	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	Tenny CAESAR	9. NAME OF FATHER	N/A
	7. BAND AND BAND NO.	Liard 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 <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		

complete
(copy 3 rd 13/10/64)

Sept. 18/64

Original signed by
INDIAN AGENCY SUPERINTENDENT

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,

[Handwritten signature]
Superintendent of Child Welfare.

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

*Applied to the
Ad by Supt.*

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 CASBAR, Liard River Band [redacted]
Pa: Unknown
Chi: Charlie CASBAR, b.d. [redacted] /58
Magdalene CASBAR, b.d. [redacted] /61
Josephine CASBAR, [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 CASBAR, 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,

[Signature]
Superintendent of Child Welfare.

INDIAN COMMISSIONER
25th August 1964
VANCOUVER B.C.

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	Selkirk	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,

(Miss) Marie Riddell,
Superintendent of Child Welfare.



A. L. Fry,
Indian Supt., Whitehorse



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 \$ 1.00
 Daily, Weekly, Monthly
PAYABLE TO: Foster Parent
 Child Caring Agency

FILE NO.
DATE <u>3/6/62</u>
AGENCY <u>June 20/62</u>
REGIONAL OFFICE AUTHORITY NO.
FROM <u>2082/62-59/121</u> TO

s.19(1)

CHILD

1. NAME <u>Magdalene Connor</u>	2. BAND <u>June 8, 1962</u> <u>May 31, 1965</u>
3. BAND NO. <u>[redacted]</u>	4. DATE OF BIRTH <u>[redacted]</u>
5. RELIGION <u>Marl River</u>	

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 <u>Terry Connor</u>	9. NAME OF FATHER <u>unknown</u>
7. BAND AND BAND NO. <u>Marl River</u>	10. BAND AND BAND NO. <u>H.A.</u>
8. PRESENT ADDRESS <input 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 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 <u>Superintendent of Child Welfare, Yukon Territory</u>
15. STATUS OF CHILD: <input type="checkbox"/> PERMANENT WARDSHIP <input type="checkbox"/> TEMPORARY WARDSHIP <input type="checkbox"/> NON-WARD <input checked="" type="checkbox"/> JUVENILE DELINQUENT PLACED IN REFORM INSTITUTION
16. DATE CHILD ADMITTED TO CARE OR COMMITTED TO A REFORM INSTITUTION <u>June 8, 1962</u>
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 3 rec.)*

Original signed by
SUPT. YUKON INDIAN AGENCY

June 20/62
DATE

.....
INDIAN AGENCY SUPERINTENDENT



DEPARTMENT OF CITIZENSHIP AND IMMIGRATION
INDIAN AFFAIRS BRANCH

CHILD CARE JUVENILE DELINQUENCY

INDIAN 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.	166/27-6
DATE	June 20, 1962
AGENCY	Yukon
REGIONAL OFFICE AUTHORITY NO.	2080/62-62/120
FROM	June 8, 1962
TO	May 31, 1965

CHILD	1. NAME	CASAR, Charlie		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.				

PARENTS	6. NAME OF MOTHER	Tanny Casar		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				

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		ADDRESS		
	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					

*Cancelled July 7/62
(copy & rec.)*

Original signed by
SUPT. YUKON INDIAN AGENCY
INDIAN AGENCY SUPERINTENDENT

June 20/62

DATE

166/29-LP

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



014421

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Indian Commissioner for B.C.

Indian Superintendent, Yukon Agency

166/29-4

Foster Home Placement -
Children of Tamy 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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014091

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.