



991/29-4 SW1

BEST AVAILABLE COPY

71744

GOVERNMENT OF THE YUKON TERRITORY

DEPARTMENT OF SOCIAL WELFARE

Box 2703,  
Whitehorse, Y.T.  
February 20, 1969.

Superintendent of Indian Affairs Branch,  
Box 2110,  
Whitehorse, Y.T.

Dear Sir:

RE: Mo: DONNESSEY, Clara - Liard River [redacted]  
Fa: DONNESSEY, Fritz  
ch: DONNESSEY, Phillip - b. [redacted] /66

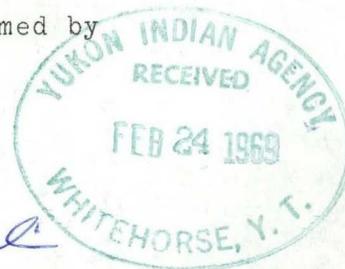
s.19(1)

This is to advise you that the above-named child/~~children~~  
who ~~was~~ taken into the care of the Superintendent of Child Welfare  
on the 11th day of December, 1967, was discharged  
on the 7th day of February, 1969.

The care of the child/~~children~~ has been resumed by  
the mother.

Yours very truly,

Superintendent of Child Welfare



cc: Indian Commissioner for B.C., ✓  
Room 303,  
325 Granville Street,  
Vancouver, B.C.

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DEPARTMENT OF SOCIAL WELFARE

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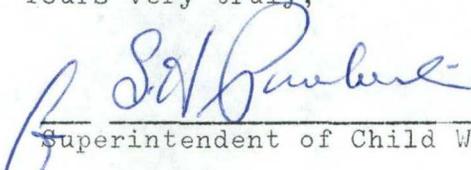
Dear Sir:

RE: Mo: DONNESSEY, Clara - Liard River [redacted]  
Fa: DONNESSEY, Fritz  
ch: DONNESSEY, Bernadette - b. [redacted] '63

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This is to advise you that the above-named child/~~children~~  
who **was** taken into the care of the Superintendent of Child Welfare  
on the 13th day of December, 1968, was discharged  
on the 7th day of February, 1969.

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the mother.

Yours very truly,  
  
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Superintendent of Child Welfare

cc: Indian Commissioner for B.C.,  
Room 303,  
325 Granville Street,  
Vancouver, B.C.



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71483

GOVERNMENT OF THE YUKON TERRITORY

DEPARTMENT OF SOCIAL WELFARE

Box 2703,  
Whitehorse, Y.T.  
February 20, 1969.

Superintendent of Indian Affairs Branch,  
Box 2110,  
Whitehorse, Y.T.

Dear Sir:

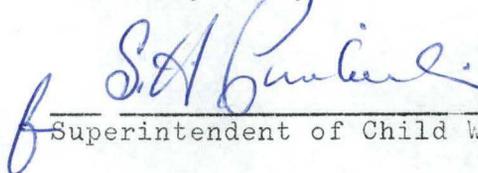
RE: Mo: DONNESSEY, Clara - Liard River [redacted]  
Fa: DONNESSEY, Fritz  
ch: DONNESSEY, Phillip - b. [redacted] /66

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Yours very truly,

  
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Superintendent of Child Welfare

cc: Indian Commissioner for B.C.,  
Room 303,  
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Vancouver, B.C.

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71485

GOVERNMENT OF THE YUKON TERRITORY  
DEPARTMENT OF SOCIAL WELFARE

Box 2703,  
Whitehorse, Y.T.  
February 20, 1969.

Superintendent of Indian Affairs Branch,  
Box 2110,  
Whitehorse, Y.T.

Dear Sir:

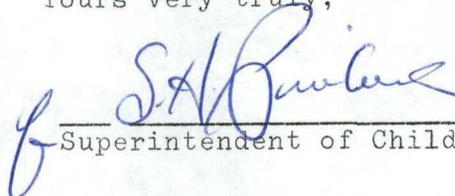
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Fa: DONNESSEY, Fritz  
ch: DONNESSEY, Bernadette - b. [redacted] /63

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Superintendent of Child Welfare

cc: Indian Commissioner for B.C.,  
Room 303,  
325 Granville Street,  
Vancouver, B.C.





15195

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GOVERNMENT OF THE YUKON TERRITORY  
DEPARTMENT OF SOCIAL WELFARE

s.19(1)

P.O. Box 2703,  
Whitehorse, Y.T.,  
June 30th, 1967

Mr. J.V. Boys,  
Indian Commissioner for B.C.,  
Room 303,  
325 Granville Street,  
Vancouver, B.C.

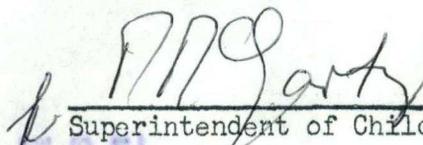
Dear Mr. Boys:

RE: Mo: Donnessy, Emma, Liard River Band [redacted],  
Fa: U/K  
Ch: Donnessy, Mellisia, B.D. - [redacted]/67.

This is to advise you that the child/~~children~~ of the  
above-named parent/~~parents~~ was/~~were~~ received into the care of  
the Superintendent of Child Welfare for the Yukon Territory on  
the 23 day of June, 1967.

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

Yours very truly,

  
Superintendent of Child Welfare.

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



15195

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GOVERNMENT OF THE YUKON TERRITORY

DEPARTMENT OF SOCIAL WELFARE

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

June 30th, 1967

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Mr. J.V. Boys,  
Indian Commissioner for B.C.,  
Room 303,  
325 Granville Street,  
Vancouver, B.C.

Dear Mr. Boys:

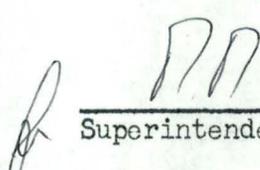
RE: Mo: **Donnessy, Emma, Liard River Band** [REDACTED]  
Fa: **U/K**  
Ch: **Donnessy, Mellisia, B.D. -** [REDACTED] **/67.**

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This is to advise you that the child/~~children~~ of the  
above-named parent/~~parents~~ was/~~were~~ received into the care of  
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May I please have your consent to accept the cost of  
maintenance on behalf of the child/~~children~~ for the period  
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Yours very truly,

  
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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 \$ 90.00  
 Daily,  Weekly,  Monthly  
 PAYABLE TO:  Foster Parent  Child Caring Agency

s.19(1)

FILE NO. 166/Emma Donnesay	
DATE September 9, 1963	
AGENCY Yukon	
REGIONAL OFFICE AUTHORITY NO. 2080/63-64/1028	
FROM Sept. 3/63	TO June 30/64

CHILD

1. NAME DONNESAY, Emma	2. BAND Liard River
3. BAND NO. Liard River	4. DATE OF BIRTH 1946
5. RELIGION Roman Catholic	
I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS APPLICATION IS WARRANTED AND ACCORDINGLY I AUTHORIZE THE REQUIRED PAYMENTS TO BE MADE.  <div style="text-align: right;"><i>Philip J. Arnold</i> REGIONAL SUPERVISOR</div>	

PARENTS

6. NAME OF MOTHER Clara Donnesay	9. NAME OF FATHER Fritz Donnesay
7. BAND AND BAND NO. Liard River	10. BAND AND BAND NO. Liard River
8. PRESENT ADDRESS <input checked="" type="checkbox"/> ON RESERVE <input type="checkbox"/> OFF RESERVE	11. PRESENT ADDRESS <input checked="" 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
15. STATUS OF CHILD: <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 September 3, 1963	
19. REASONS NECESSITATING PLACEMENT Girl over sixteen feels [redacted] We feel much may be gained in the private home setting. The alternative is to lose the girl in the hopelessness of Liard River Bridge.	
20. WHO REQUESTED PLACEMENT? Child herself	21. WHO MADE PLACEMENT? Father Cullinane
22. HAVE PARENT(S) SIGNED PERMISSION FOR PLACEMENT (FORM IA 3-149)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Assented orally, consent being secured.	
23. PLANS FOR CHILD'S FUTURE (Including education and possible adoption) Continued schooling	
24. NAME OF FOSTER PARENTS OR INSTITUTION WHERE CHILD IS TO BE, OR HAS BEEN PLACED NAME: Mr. & Mrs. Leo MacDonald ADDRESS: 505 Ogilvie, Whitehorse, Y.T.	<input type="checkbox"/> ON RESERVE <input checked="" type="checkbox"/> OFF RESERVE
25. RELATIONSHIP OF FOSTER PARENTS TO CHILD nil	26. FOSTER PARENTS ARE <input type="checkbox"/> INDIAN <input checked="" type="checkbox"/> NON-INDIAN (Give band and band number, if Indian)
27. BRIEF INDICATION OF FOSTER HOME ENVIRONMENT Appears very good.	

*Cancelled - no date*  
*(copy 3 rec 15/1/64)*

SEP 11 1963  
DATE

Original signed by  
A. E. FRY  
INDIAN AGENCY SUPERINTENDENT

