

FILE NO.

991/29-4P

— INDIAN AFFAIRS BRANCH —

DEPARTMENT OF CITIZENSHIP AND IMMIGRATION

SUBJECT

VOLUME 1

FROM
NOV/64
TO

FOSTER HOME CARE

~~DORMANT~~

s.19(1)

FILE NO.

JOHN, LOUISE & DOUGLAS

DO NOT WRITE BELOW THIS LINE

BEST AVAILABLE COPY

84346

991/29-4 swb

GOVERNMENT OF THE YUKON TERRITORY

DEPARTMENT OF SOCIAL WELFARE

Box 2703,
Whitehorse, Y.T.

July 29, 1969

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

Dear Sir:

RE: Mo: DONNESSEY, Martha - Liard River
Fa: DONNESSEY, Raymond
ch: DONNESSEY, Elsie - b.d. 1967

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 5th day of June, 1969, was discharged
on the 22nd day of July, 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.

991/29-4P
SWI

82499

BEST AVAILABLE COPY

GOVERNMENT OF THE YUKON TERRITORY

DEPARTMENT OF SOCIAL WELFARE

Box 2703,
Whitehorse, Y.T.

June 27, 1969

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

Dear Sir:

s.19(1)

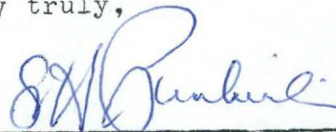
RE: Mo: DONNESSEY, Martha - Liard River [redacted]
Fa: DONNESSEY, Raymond
ch: DONNESSEY, Louise - b.d. [redacted] /63
DONNESSEY, Elizabeth - b.d. [redacted] /66

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 5th day of June, 19 69, were discharged
on the 18th day of June, 19 69.

The care of the ~~child~~ children has been resumed by

~~the parents~~

Yours very truly,



Superintendent of Child Welfare

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

BEST AVAILABLE COPY

81041

GOVERNMENT OF THE YUKON TERRITORY

DEPARTMENT OF SOCIAL WELFARE

Box 2703,
Whitehorse, Y.T.
June 12, 1969

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

s.19(1)

Dear Sir:

RE: Mo: DONNESSEY, Martha - Liard River [redacted]
Fa: DONNESSEY, Raymond
Ch: DONNESSEY, Elizabeth Agnes - b.d. [redacted] /66
DONNESSEY, Elsie Yvonne - b.d. [redacted] '67
DONNESSEY, Louise Margaret - b.d. [redacted] '63

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 5th day of June 19 69.

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

Yours very truly,

S. H. Pemberton
Superintendent of Child Welfare

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

BEST AVAILABLE COPY

5389

GOVERNMENT OF THE YUKON TERRITORY
DEPARTMENT OF SOCIAL WELFARE

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

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

s.19(1)

Dear Mr. Boys:

RE: Mo: Martha DONNESSEY, Liard River # [redacted]
Fa: Raymond Donnessey, Liard River [redacted]
Ch: Louise DONNESSEY, b.d. [redacted] 1963.
Elizabeth DONNESSEY, b.d. [redacted] 1966.
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 1st day of November, 1966,
were discharged on the 27th day of December, 1966.

The care of the ~~child~~/children has been resumed by
their parents, Martha & Raymond Donnessey.

Yours very truly,

Superintendent of Child Welfare.

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

000101

BEST AVAILABLE COPY

GOVERNMENT OF THE YUKON TERRITORY

DEPARTMENT OF SOCIAL WELFARE

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

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

s.19(1)

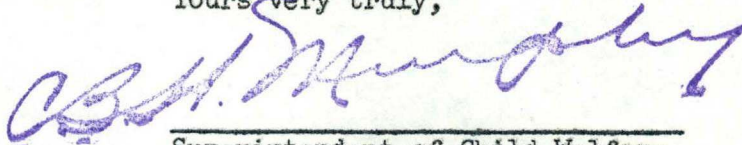
Dear Mr. Boys:

RE: Mo: Martha DONNESSEY, Liard River [redacted]
Fa: Raymond Donnessey, Liard River [redacted]
Ch: Louise DONNESSEY, b.d. [redacted] 1963.
Elizabeth DONNESSEY, b.d. [redacted] 1966.
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 1st day of November, 1966,
were discharged on the 27th day of December, 1966.

The care of the ~~child/~~children has been resumed by
their parents, Martha & Raymond Donnessey.

Yours very truly,



Superintendent of Child Welfare.

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

BEST AVAILABLE COPY

09457

GOVERNMENT OF THE YUKON TERRITORY

DEPARTMENT OF SOCIAL WELFARE

P.O. Box 2703,
Whitehorse, Y.T.,
November 21, 1966.

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

s.19(1)

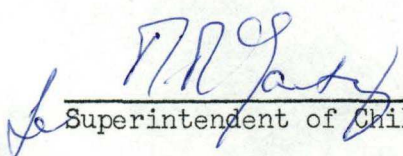
Dear Mr. Boys:

RE: Mo: Martha Donnessey, Liard River [redacted],
Fa: Raymond Donnessey, Upper Liard, Y.T.
Ch: Louise Donnessey, b.d. [redacted] 63.
Elizabeth Donnessey, b.d. [redacted] 66.

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 1st day of November, 1966.

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

GOVERNMENT OF THE YUKON TERRITORY

DEPARTMENT OF WELFARE

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

May 17th, 1966.

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

Dear Mr. Boys:

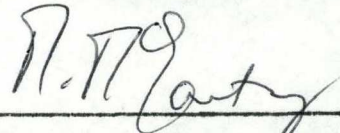
s.19(1)

Re: Mo: Martha DONNESSEY,
Fa: Raymond DONNESSEY, Upper Liard, Y. T.
Ch: Elizabeth Agnes, b. [REDACTED]/66
Louise, b. [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 April, 1966, were discharged on the 6th day of May, 1966.

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

Yours very truly,



Superintendent of Child Welfare.

92
c.c.: 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.

May 17th, 1966.

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

Dear Mr. Boys:

Re: Mo: Martha DONNESSEY,
Fa: Raymond DONNESSEY, Upper Liard, Y. T.
Ch: Elizabeth Agnes, b. [REDACTED] '66
Louise, b. [REDACTED] '63.

s.19(1)

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 April, 1966, were discharged on the
6th day of May, 1966.

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

Yours very truly,



Superintendent of Child Welfare.

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

BEST AVAILABLE COPY

79210

GOVERNMENT OF THE YUKON TERRITORY

DEPARTMENT OF WELFARE

P.O. Box 2703,
Whitehorse, Y.T.
May 12, 1966.

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

s.19(1)

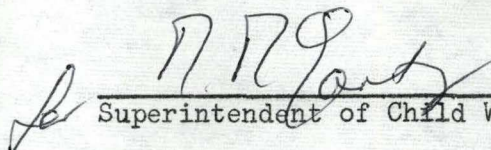
Dear Mr. Boys:

Re: Mo: DONNESSEY, Martha, Band [redacted], Upper Liard
Fa: DONNESSEY, Raymond.
Chn: DONNESSEY, John, b.d. [redacted]/61
DONNESSEY, Louise, b.d. [redacted]/63
DONNESSEY, Elizabeth, b.d. [redacted]'66

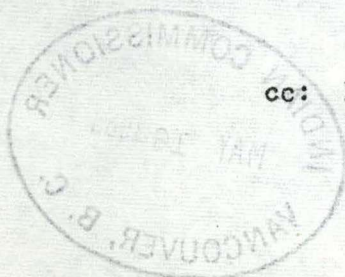
This is to advise you that the ~~child~~/children of the
above named parent(s) ~~were~~/were received into the care of the
Superintendent of Child Welfare for the Yukon Territory on the
27th day of April, 1966.

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.



79241

BEST AVAILABLE COPY

GOVERNMENT OF THE YUKON TERRITORY

DEPARTMENT OF WELFARE

P.O. Box 2703,
Whitehorse, Y.T.
May 12, 1966.

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

s.19(1)

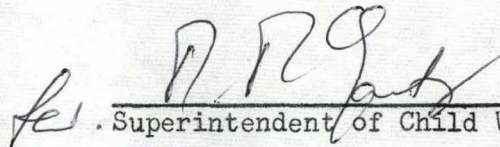
Dear Mr. Boys:

Re: Mo: DONNESSEY, Martha, Band [redacted], Upper Liard
Fa: DONNESSEY, Raymond.
Chn: DONNESSEY, Debbie Ann, b.d. [redacted] 60
DONNESSEY, Rose Marie, b.d. [redacted] /56.

This is to advise you that the ~~child~~/children of the
above named parent(s) ~~sex~~/were received into the care of the
Superintendent of Child Welfare for the Yukon Territory on the
39th day of April, 1966.

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

75988

GOVERNMENT OF THE YUKON TERRITORY

DEPARTMENT OF WELFARE

P.O. Box 2703,
Whitehorse, Y.T.
April, 1966.

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

s.19(1)

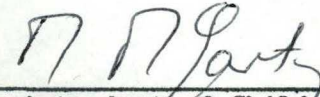
Dear Mr. Boys:


Re: Mo: Martha DONNESSEY, Liard River Band [redacted],
Fa: Raymond DONNESSEY, Upper Liard.
Ch: DONNESSEY, Elizabeth Agnes,
b.d. [redacted] 1966.

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
29th day of March, 1966.

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

75992

GOVERNMENT OF THE YUKON TERRITORY

DEPARTMENT OF WELFARE

P.O. Box 2703,
Whitehorse, Y.T.
April, 1966.

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

s.19(1)

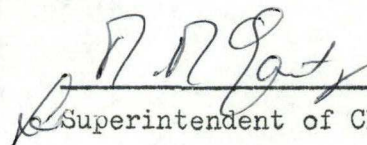
Dear Mr. Boys:


Re: Mo: Martha DONNESSEY, Liard R. Band [REDACTED],
Fa: Raymond DONNESSEY, Upper Liard, Y.T.
Ch: Elizabeth Agnes DONNESSEY,
b.d. [REDACTED] 1966.

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 29th day of March, 1966, were discharged on the
31st day of March, 1966.

The care of the child/~~children~~ has been resumed by _____
her parents.

Yours very truly,


Superintendent of Child Welfare.


c.c.: 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.
December 28, 1965.

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

Dear Mr. Boys:

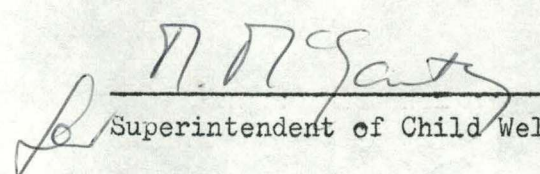
s.19(1)


Re: Mo: Margaret Donnessey
Fa: Raymond Donnessey, Upper Liard, Y.T.
Ch: Louise Margaret Donnessey
b.d. [REDACTED], 1963

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 November, 1965, were discharged on the
8th day of December, 1965.

The care of the child/~~children~~ has been resumed by _____
parents

Yours very truly,


Superintendent of Child Welfare.


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

BEST AVAILABLE COPY

60486

GOVERNMENT OF THE YUKON TERRITORY
DEPARTMENT OF WELFARE

P.O. Box 2703,
Whitehorse, Y.T.,
December 1, 1965.

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

Dear Mr. Boys:

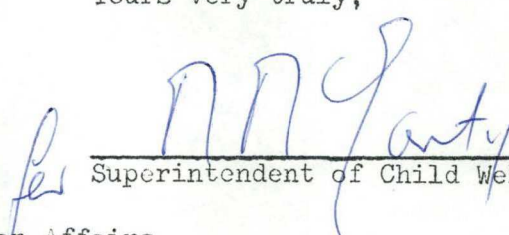
s.19(1)


Re: Mo: DONNESSEY, Martha, Band [redacted], Upper Liard.
Fa: DONNESSEY, Raymond.
Ch: DONNESSEY, Louise Margaret,
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
27th day of November, 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

48002

GOVERNMENT OF THE YUKON TERRITORY
DEPARTMENT OF WELFARE

P.O. Box 2703,
Whitehorse, Y.T.,
August 20th, 1965.

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

Dear Mr. Boys:

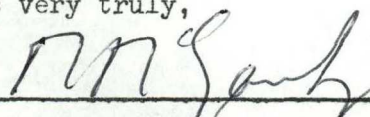
Re: Mo: DONNESSEY, Martha, Upper Liard, [REDACTED]
Fa: DONNESSEY, Raymond, Upper Liard, [REDACTED]
Ch: DONNESSEY, Louise, [REDACTED], 1963.


s.19(1)

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 9th day of July, 1965, were discharged on the 4th day of August, 1965.

The care of the child/~~children~~ has been resumed by her mother,
Mrs. Martha DONNESSEY, 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.

000112

BEST AVAILABLE COPY

47155



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

FILE NO.	166/29-4
DATE	August 11, 1965
AGENCY	Yukon
REGIONAL OFFICE AUTHORITY NO.	2080/65-66/2854
FROM	July 9, 1965
TO	June 30, 1968

s.19(1)

CHILD

1. NAME	Louise DONNESSY	2. BAND	Band- Liard River
3. BAND NO.		4. DATE OF BIRTH	1963
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.

Spencer Thomas
REGIONAL SUPERVISOR

PARENTS

6. NAME OF MOTHER	Martha DONNESSY	9. NAME OF FATHER	Raymond DONNESSY
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	Sup't 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	July 9, 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 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 Aug 4/65
(copy 3 rec'd 22/11/65)

000114

BEST AVAILABLE COPY

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, ☐ MonthlyPAYABLE TO: ☐ Foster Parent
☒ Child Caring Agency

FILE NO.

166/29-4

DATE

August 11, 1965

AGENCY

Yukon

REGIONAL OFFICE AUTHORITY NO.

208C/65-66/2854

FROM

July 9, 1965

TO

June 30, 1968

s.19(1)

CHILD

1. NAME

Louise DONNESSY

3. BAND NO.

4. DATE OF BIRTH

1963

2. BAND

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

Martha DONNESSY

9. NAME OF FATHER

Raymond DONNESSY

7. BAND AND BAND NO.

Liard River

10. BAND AND BAND NO.

Liard River

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

Sup't 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

July 9, 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

DATE

INDIAN AGENCY SUPERINTENDENT

BEST AVAILABLE COPY

47154

Indian Commissioner for B.C.


166/29-4

Superintendent, Yukon Agency

August 12, 1965

Foster Home Care

Attached for approval and authorities are Initial Child Placement
Application and authority Forms for:

- | | | |
|-----------------------|------------------|---|
| a. Beverly Anne Smith | Whitehorse Band |  |
| b. John Fraser Mudie | Whitehorse Band | |
| c. Louise Donnelly | Liard River Band | |

s.19(1)

A. E. Fry,
Indian Superintendent

PW/mj

encl.

BEST AVAILABLE COPY

44900

GOVERNMENT OF THE YUKON TERRITORY
DEPARTMENT OF WELFARE

P.O. Box 2703,
Whitehorse, Y.T.,
July 20th, 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: Mo: DONNESSEY, Martha, Upper Liard, [REDACTED]
Fa: DONNESSEY, Raymond, Upper Liard, [REDACTED]
Ch: DONNESSEY, Louise, 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
9th day of July, 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

028943

PLEASE QUOTE FILE



GOVERNMENT OF THE YUKON TERRITORY

Department of Social Welfare,
P. O. Box 2703,
Whitehorse, Y. T.
March 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:

Re: MO: DONNESSEY, Martha, Upper Liard, [redacted]
Fa: DONNESSEY, Raymond, Upper Liard, [redacted]
Ch: DONNESSEY, Debbie Ann, b.d. [redacted]/60
DONNESSEY, John, b.d. [redacted]/61
DONNESSEY, Louise, b.d. [redacted]/63

s.19(1)

On March 2, 1965 we wrote advising you that the above-named children had been returned to the care of their parents on February 24th, 1965. As we later learned, this information was incorrect. Martha Donnessey returned from Whitehorse to Upper Liard on February 24, 1965. She had undergone a fairly serious operation in Whitehorse and was advised by the Public Health Nurse that she should rest for a few days. Therefore, the children were not returned to their parents until February 27th, 1965.

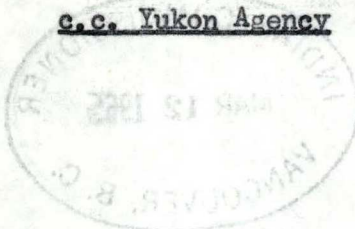
Please accept our apologies for sending you the incorrect date of discharge from care. We hope that this has not caused you any great inconvenience.

Yours very truly,

C.B.H. Murphy

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

c.c. Yukon Agency



BEST AVAILABLE COPY

028046

GOVERNMENT OF THE YUKON TERRITORY

DEPARTMENT OF WELFARE

P.O. Box 2703,
Whitehorse, Y.T.,
March 2, 1965.

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

Dear Mr. Boys:

Re: Mo: DONNESSEY, Martha, Upper Liard
Fa: DONNESSEY, Raymond, Upper Liard
Ch: DONNESSEY, Debbie Ann, b.d. [redacted] '60
DONNESSEY, John, b.d. [redacted] '61
DONNESSEY, Louise, b.d. [redacted] '63

s.19(1)

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 7th day of February, 19 65, were discharged on the 24th day of February, 19 65.

The care of the ~~child~~/children has been resumed by their parents Martha and Raymond Donnessey, 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

GOVERNMENT OF THE YUKON TERRITORY
DEPARTMENT OF WELFARE

P.O. Box 2703,
Whitehorse, Y.T.,
February 12, 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:

Mo:	DONNESSEY, Martha - Liard River	
Re: Fa:	DONNESSEY, Raymond - Liard River	
Mo:	DONNESSEY, Debbie Ann - b.d.	/60
Fa:	DONNESSEY, John - b.d.	/61
Ch:	DONNESSEY, Louise - b.d.	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
7th day of February, 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,

RTT Lentz

Superintendent of Child Welfare

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

025622

BEST AVAILABLE COPY

GOVERNMENT OF THE YUKON TERRITORY
DEPARTMENT OF WELFARE

P.O. Box 2703,
Whitehorse, Y.T.,
February 12, 1965.

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

s.19(1)

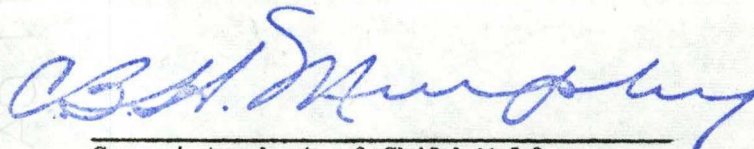
Dear Mr. Boys:

Re: Mo: DONNESSEY, Martha - Liard River
Fa: DONNESSEY, Raymond - Liard River
Mo: DONNESSEY, Debbie Ann - b.d. /60
Fa: DONNESSEY, John - b.d. /61
Ch: DONNESSEY, Louise - b.d. 63

This is to advise you that the ~~child~~/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
7th day of February, 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

16720

GOVERNMENT OF THE YUKON TERRITORY
DEPARTMENT OF WELFARE

P.O. Box 2703,
Whitehorse, Y.T.,
November 23, 1964.

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

Dear Mr. Boys:

Re: Mo: DONNESSEY, Martha s.19(1)
Fa: DONNESSEY, Raymond
Ch: DONNESSEY, Debbie Ann - b.d. [redacted]/60
DONNESSEY, John - b.d. [redacted]/61
Laird River [redacted]

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 9th day of November, 19 64.

The care of the ~~child~~ children has been resumed by their family.

Yours very truly,

C.B.H. Murphy *per MM*

Superintendent of Child Welfare.

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

BEST AVAILABLE COPY

16719

GOVERNMENT OF THE YUKON TERRITORY

DEPARTMENT OF WELFARE

P.O. Box 2703,
Whitehorse, Y.T.,
November 23, 1964.

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: Mo: DONNESSEY, Martha , Liard River [redacted]
Fa: DONNESSEY, Raymond " " [redacted]
Ch: DONNESSEY, Douglas Joseph b.d. [redacted]/64
DONNESSEY, Louise, 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 12th day of November, 19 64.

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

Yours very truly,

C.H. Murphy

[Signature]

Superintendent of Child Welfare.

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



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.	
DATE	166/29-4
	November 10, 1964
AGENCY	Yukon
REGIONAL OFFICE AUTHORITY NO.	2080/64-65/2555
FROM	October 27/64
TO	Sept. 30, 1967

CHILD

1. NAME	Dobbie Donnessy	
3. BAND NO.	4. DATE OF BIRTH	1/60
I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS APPLICATION IS WARRANTED AND ACCORDINGLY I AUTHORIZE THE		5. RELIGION
REQUIRED PAYMENTS TO BE MADE.		Liard River

REGIONAL SUPERVISOR

PARENTS

6. NAME OF MOTHER	9. NAME OF FATHER
Martha Donnessy	Raymond Donnessy
7. BAND AND BAND NO.	10. BAND AND BAND NO.
Liard River	Liard River
8. PRESENT ADDRESS	11. PRESENT ADDRESS
<input type="checkbox"/> ON RESERVE <input type="checkbox"/> OFF RESERVE	<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	Superintendent, Child Welfare, Whitehorse, Y.T.
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	
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
	<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 9/64

(copy 3 rec) 1/6/65

Original signed by
A. F.
INDIAN AGENCY SUPERINTENDENT

AUTHORITY NO.

NOTES:

- 000126



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 \$ 2.00
☐ Daily, ☐ Weekly, ☐ Monthly

s.19(1)

PAYABLE TO: ☐ Foster Parent
☒ Child Caring Agency

FILE NO.

166/29-4

DATE

November 10, 1964

AGENCY

Yukon

REGIONAL OFFICE AUTHORITY NO.

2080/61-65/2556

FROM

TO

October 27, 1964 Sept. 30/67

CHILD

1. NAME

John DONNESSY

2. BAND

Lia rd River

3. BAND NO.

4. DATE OF BIRTH

/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.

REGIONAL SUPERVISOR

PARENTS

6. NAME OF MOTHER

Martha Donnessy

9. NAME OF FATHER

Raymond Donnessy

7. BAND AND BAND NO.

Lia rd River

10. BAND AND BAND NO.

Lia rd River

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, I.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

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)?

☐ 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 Nov 9/64

(copy 3 rec) 1/6/65

Original signed by
A. E. FRY

November 10/64

DATE

INDIAN AGENCY SUPERINTENDENT

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 \$

☐ 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.	208-764-65/2557
FROM	TO
	Sept. 30/67

CHILD

1. NAME	2. BAND
3. BAND NO.	4. DATE OF BIRTH
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.

[Signature]
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
<input type="checkbox"/> ON RESERVE <input type="checkbox"/> OFF RESERVE	<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
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	
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
<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 12/64
(copy 3rd 1/6/65)

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	November 10, 1964
AGENCY	Yukon
REGIONAL OFFICE AUTHORITY NO.	2080/64-65/2558
FROM	October 27, 1964
TO	Sept. 30, 1967

CHILD	1. NAME	Douglas Donnessy	2. BAND	Liard River
	3. BAND NO.		4. DATE OF BIRTH	1964
	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	Martha Donnessy	9. NAME OF FATHER	Raymond Donnessy
	7. BAND AND BAND NO.	Liard River	10. BAND AND BAND NO.	Liard River
	8. PRESENT ADDRESS	11. PRESENT ADDRESS		
	<input type="checkbox"/> ON RESERVE <input type="checkbox"/> OFF RESERVE	<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			
	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 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 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 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 17/64
(copy 3 rec 11/6/65)

Original signed by
A. E. FRY

November 10/64

DATE

INDIAN AGENCY SUPERINTENDENT

000132

BEST AVAILABLE COPY

14758

GOVERNMENT OF THE YUKON TERRITORY
DEPARTMENT OF WELFARE

P.O. Box 2703,
Whitehorse, Y.T.,
November 2, 1964.

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

Dear Mr. Boys:

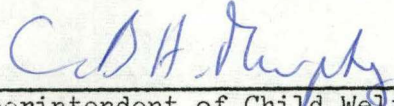
Re: Mo: DONNESSEY, Martha
Fa: DONNESSEY, Raymond
Ch: DONNESSEY, Debbie Ann b.d. [redacted] /60
Mo: DONNESSEY, John b.d. [redacted] /61
Fa: DONNESSEY, Louise b.d. [redacted] /63
DONNESSEY, DOUGLAS Joseph b.d. [redacted] /64
Liard River

s.19(1)

This is to advise you that the ~~child~~ 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 ~~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.