

BEST AVAILABLE COPY

84346

991/29-4 SWP

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. [redacted] 167

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.

991/29-4^m
sw 1 P.

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 ~~children~~/
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 ~~children~~/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

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)

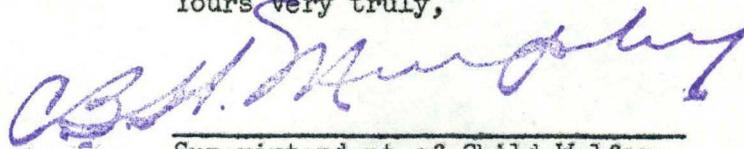
Dear Mr. Boys:

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)

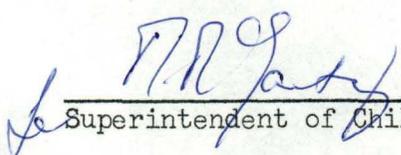
Dear Mr. Boys:

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

79638

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:

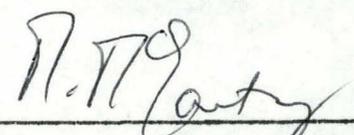
s.19(1)

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.

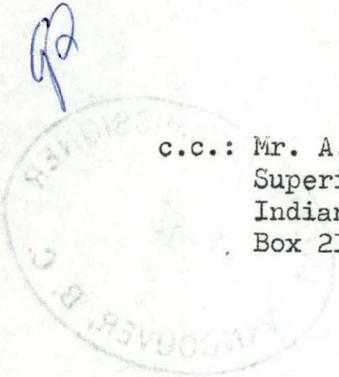
The care of the ~~child~~/children has been resumed by their
parents.

Yours very truly,



Superintendent of Child Welfare.

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



79658

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:

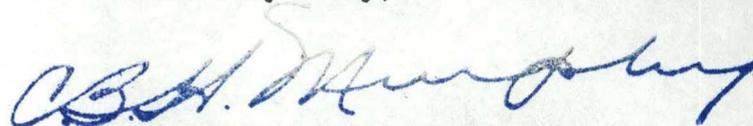
Re: Mo: Martha DONNESSEY,
Fa: Raymond DONNESSEY, Upper Liard, Y. T.
Ch: Elizabeth Agnes, b. [redacted] '66
Louise, b. [redacted] '63.

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)

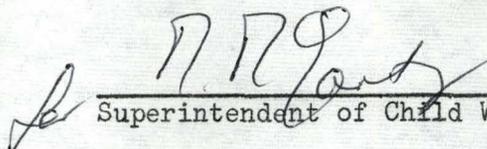
Dear Mr. Boys:

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

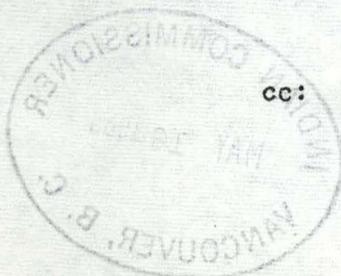
This is to advise you that the ~~child~~/children of the
above named parent(s) ~~were~~ were received into the care of the
Superintendent of Child Welfare for the Yukon Territory on the
27th day of April, 1966.

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)

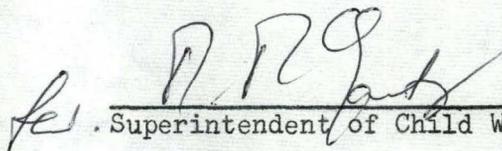
Dear Mr. Boys:

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.

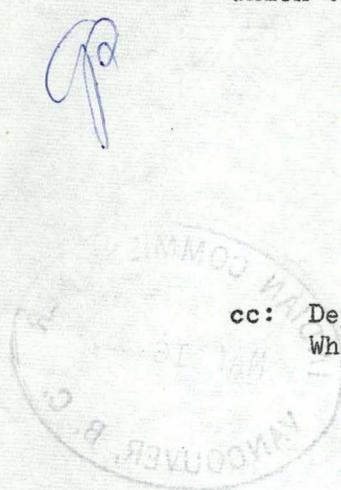
This is to advise you that the ~~child~~/children of the
above named parent(s) ~~sex~~/were received into the care of the
Superintendent of Child Welfare for the Yukon Territory on the
39th day of April, 1966.

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)

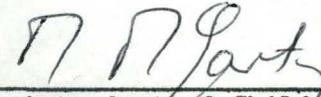
Dear Mr. Boys:

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)

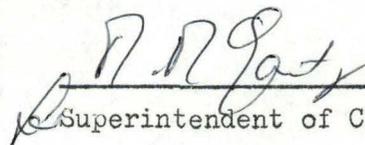
Dear Mr. Boys:

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.

63326

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:

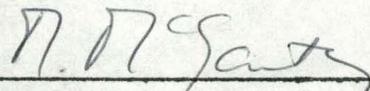
Re: Mo: Margaret Donnessey
Fa: Raymond Donnessey, Upper Liard, Y.T.
Ch: Louise Margaret Donnessey
b.d. [redacted], 1963

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 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.

PH
[Handwritten initials]

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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,

[Handwritten signature]

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:

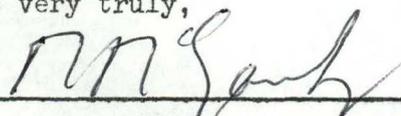
Re: Mo: DONNESSEY, Martha, Upper Liard, [redacted]
Fa: DONNESSEY, Raymond, Upper Liard, [redacted]
Ch: DONNESSEY, Louise, [redacted], 1963.

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. 166/22-4
 DATE August 11, 1965
 AGENCY Yukon
 REGIONAL OFFICE AUTHORITY NO. 2080/65-66/2854
 FROM TO
 July 9, 1965 June 30, 1968

s.19(1)

CHILD

1. NAME Louise DONNESSY
 2. BAND Band- Liard River
 3. BAND NO. [REDACTED]
 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.
 REGIONAL SUPERVISOR *Spencer*

PARENTS

6. NAME OF MOTHER Martha DONNESSY
 9. NAME OF FATHER Raymond DONNESSY
 7. BAND AND BAND NO. Liard River [REDACTED]
 10. BAND AND BAND NO. Liard River [REDACTED]
 8. PRESENT ADDRESS ON RESERVE OFF RESERVE
 11. PRESENT ADDRESS ON RESERVE OFF RESERVE
 12. HAVE ARRANGEMENTS BEEN MADE WHEREBY PARENTS WILL CONTRIBUTE TO THE SUPPORT OF THE CHILD?
 YES NO
 13. IF NO INFORMATION AVAILABLE RE MOTHER OR FATHER, GIVE NAME AND ADDRESS OF NEXT OF KIN, LEGAL GUARDIAN OR NEAREST
 RELATIVE

PLACEMENT BY A CHILD CARING AGENCY OR COURT

14. NAME OF AGENCY 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
Cancelled Aug 4/65
(copy 3 rec'd 22/11/65)

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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 ; [redacted]
- b. John Fraser Mudie Whitehorse Band ; [redacted] s.19(1)
- c. Louise Donnelly Liard River Band [redacted]

A. E. Fry,
Indian Superintendent

PW/mj

encl.

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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.



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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] s.19(1)
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

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.

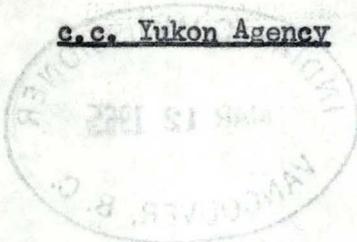
Yours very truly,

C.B.H. Murphy

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

CP

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, 1965, were discharged on the 24th day of February, 1965.

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.

P

RECEIVED
MAR 4 1965
VANCOUVER, B.C.

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:

| | | | |
|-----|-----|----------------------------------|----------------|
| | Mo: | DONNESSEY, Martha - Liard River | [redacted] |
| | Fa: | DONNESSEY, Raymond - Liard River | [redacted] |
| Re: | Mo: | DONNESSEY, Debbie Ann - b.d. | [redacted] /60 |
| | Fa: | DONNESSEY, John - b.d. | [redacted] /61 |
| | 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 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,

[Signature]

Superintendent of Child Welfare

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

[Handwritten initials]

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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)

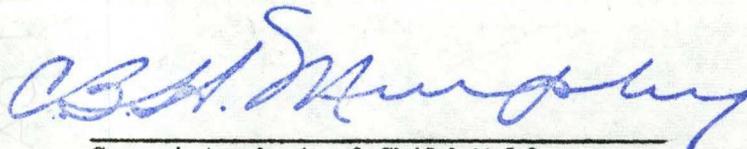
Dear Mr. Boys:

| | | | |
|-----|------------|----------------------------------|-----|
| | Mo: | DONNESSEY, Martha - Liard River | |
| | Fa: | DONNESSEY, Raymond - Liard River | |
| Re: | 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.

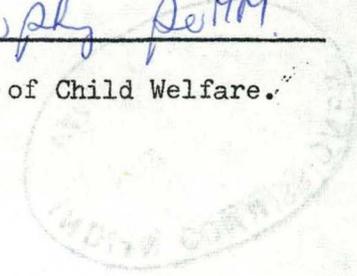
The care of the ~~child~~ children has been resumed by their family.

Yours very truly,

C.H. Murphy *peMM*

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 *per M.H.*

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 \$ 2.00
 Daily, Weekly, Monthly

s.19(1)

PAYABLE TO: Foster Parent
 Child Caring Agency

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

| | | | |
|-------|---|------------------|-------------------------|
| CHILD | 1. NAME Debbie DONNESSY | 2. BAND | |
| | 3. BAND NO. | 4. DATE OF BIRTH | 5. RELIGION Liard 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. | | |

Spurley J. ...
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 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 | |

| | |
|---|--|
| 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 checked="" type="checkbox"/> JUVENILE DELINQUENT PLACED IN REFORM INSTITUTION |
| | 16. DATE CHILD ADMITTED TO CARE OR COMMITTED TO A REFORM INSTITUTION |

| | | |
|---|---|---|
| PLACEMENT BY INDIAN AFFAIRS BRANCH | 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 9/64
(copy 3 rec 1/6/65)

Original signed by
A. F.
INDIAN AGENCY SUPERINTENDENT
November 10, 1964



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, 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 |
| | 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 | <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 | | | | |

| | | | | | |
|---|--|---|--|--|--|
| PLACEMENT BY A CHILD CARING AGENCY OR COURT | 14. NAME OF AGENCY | Superintendent of Child Welfare, Whitehorse, I.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 | October 27, 1964 | | | |

| | | |
|---|---|---|
| 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)

November 10/64
DATE

Original signed by
A. E. FRY

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 \$

Daily, Weekly, Monthly **2.00**

PAYABLE TO: Foster Parent
 Child Caring Agency

s.19(1)

| | |
|-------------------------------|----------------|
| FILE NO. | |
| DATE | 166-29-6 |
| AGENCY | November 10/64 |
| REGIONAL OFFICE AUTHORITY NO. | 208/64-65/2557 |
| 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 <input checked="" type="checkbox"/> |
| 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 |
| 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 Nov 12/64
(copy 3rd 1/6/65)*

Original signed by
[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
 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. | | | | |
| <i>Philip J. Arnold</i> 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 | 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 | |
| | <i>Cancelled Nov 17/64</i> <i>(copy 3 rec 1/6/65)</i> | |

November 10/64

Original signed by
A. E. FRY

DATE INDIAN AGENCY SUPERINTENDENT

14758

BEST AVAILABLE COPY

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 |
| <u>Liard River</u> | |

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,

C. D. H. Murphy

Superintendent of Child Welfare

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

