



Restoring Family Links tracing referral form

ENQUIRER DETAILS (The person looking for their family member)	
Full name of enquirer:	
Address:	
Phone number:	
Best days/times to call:	
Email:	
Interpreter required?	<input type="checkbox"/> Yes <input type="checkbox"/> No Languages :
Country where the missing person is believed to be (if known):	
Family relationship: The missing person is the enquirer's....	
REFERRER DETAILS (The person making this referral)	
Your name:	
Your role and organisation:	
Contact details:	
How did you or the enquirer hear about our service?	
Any concerns for RFL to be aware of? (eg. family violence, criminal history, mental health)	
Reason for referral:	

I have the enquirer's consent to make this referral:

Yes No

Date:

Referrer's signature:

(Your typed name is sufficient)

Please email the completed form to familylinks@redcross.org.nz