TABLE II.

BY PERMISSION OF SOCIAL SERVICE COMMISSION.

HISTORY FORM

Name of Institution.....

Name of Inmate.....Sex.....Age.....Date admitted.....

Date of Birth.....When born.....Date of previous admittances (if any).....

Why admitted?.....Deserted by either parent.....
(SPECIFY FATHER OR MOTHER)

Was child nursed by mother?.....How long?.....Mental condition of Inmate.....
(TO BE ANSWERED BY INFANTS INSTITUTIONS ONLY)

Who made application for admittance of inmate?.....

Amount promised towards maintenance, $.....(weekly. monthly). By whom?.....
(IF PUBLIC CHARGE, STATE MUNICIPALITY)

Were parents married?.....Mental condition of parents: Father.....Mother.....

NAME					
Father	Age / Birth-place / Religion	Occupation	Wage	Present Address / Date / Previous Address / Date	Is he at present employed? / Name of Employer

Residence last three years.....

Last place in which lived one year.....

Mother (Married or Maiden)	Age / Birth-place / Religion	Occupation	Wage	Present Address / Date / Previous Address / Date	Is she at present employed? / Name of Employer

Residence last three years.....

Were lived during the past year.....

Brothers and Sisters and Other Relatives	Relationship to Child	Occupation	Last Known Address (Date)	Agencies Interested

REMARKS.....

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TORONTO,.....19.....

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Secretary.