

ARCHDIOCESE OF KEEWATIN – LE PAS
Archives
SACRAMENTAL RECORDS RELEASE FORM
Baptism Record

Request Date: _____

Name of Parish/Mission where Baptism was performed: _____

Name at time of Baptism:

Last Name: _____ Given Names: _____

Date of Birth: _____ Place of Birth: _____

(Approx) Date of Baptism: _____

Name of Father : _____

Name of Mother (maiden): _____

Name of Person making the request: _____

Relationship to the Recipient of Sacrament: _____

Address: _____

City, Province, Postal Code: _____

Daytime Telephone Number: _____

Signature of Person Making Request: _____

Briefly state the purpose of obtaining this record:

Send to: _____

Address: _____

City, Province, Postal Code: _____

Attention: _____

*******Fee of \$10.00 Per Search Must Accompany This Form*******

Please make cheque or money order payable to: ARCHDIOCESE OF KEEWATIN-LE PAS

For Office Use:

Fee Paid:	Date Mailed:	Researcher:
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Please mail to:
Archdiocese of Keewatin-Le Pas
c/o Nicole Helstrom
P.O. Box 270
The Pas, Manitoba
R9A 1K4