

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

Request Date: _____

Name of Parish/Mission in which Marriage was performed: _____

Grooms Information

Last Name: _____ Given Names: _____

Date of Birth: _____ Place of Birth: _____

(Approx) Date of Baptism: _____ Place of Baptism: _____

Name of Father: _____

Name of Mother (maiden): _____

Brides Information

Last Name: _____ Given Names: _____

Date of Birth: _____ Place of Birth: _____

(Approx) Date of Baptism: _____ Place of Baptism: _____

Name of Father: _____

Name of Mother (maiden): _____

Date of Marriage: _____

Name of Person making the request: _____

Relationship to the Recipients 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*******

MAKE cheque or order payable to: ARCHDIOCESE OF KEEWATIN-THE PAS

For Office Use:

Fee Paid:	Date Mailed:	Researcher:
-----------	--------------	-------------

Please mail to: **Archdiocese of Keewatin-The Pas**
 c/o Nicole Helstrom
 P.O. Box 270
 The Pas, Manitoba R9A 1K4

Ph: (204) 623-6152
Fax: (204) 623-6121