

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

Request Date: _____

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

Name at time of Death:

Last Name: _____ Given Names: _____

Date of Death: _____ Place of Death: _____

Date of Birth: _____ Place of Birth: _____

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 payable to the: 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