ARCHDIOCESE OF KEEWATIN – LE PAS SACRAMENTAL RECORDS REQUEST FORM

Please print clearly and include as much information as possible.

PO Box 270 The Pas, MB R9A 1K4 T: 204-623-6152 Fax: 204-623-6121

| Type of Sacramen | tal Record requested: | | | | | |
|---|---------------------------------------|----------------------|-------------------------------|---------------------|---------------|--|
| □ Baptism | ☐ Confirmation | ☐ Burial | | | | |
| Name at time of S | acrament: | | | | | |
| Last name(s): | | | First name(s): | | | |
| Date of birth: (dd/n | nm/yyyy)// | Place of bir | th: | | | |
| Name and place of | Parish where Sacramen | t was performed:_ | | | | |
| Date of sacrament: | (dd/mm/yyyy)/ | / (or appro | oximate date or year): | | | |
| Motherøs (maiden) last name(s): Motherøs first name(s): | | | | | | |
| Fatherøs last name(s):Fatherøs first name(s): | | | | | | |
| Any additional info | ormation which might he | elp locate the reque | ested record: | | | |
| Name of Person ma | aking request: | | | | | |
| | son named above*: | | | | | |
| | | | | | | |
| - | | · | / City / Province / Postal Co | • | | |
| Daytime telephone | time telephone number: Email address: | | | | | |
| Type of governmen | nt-issued or band-issued | photo identification | on** provided (must h | ave a signature): | | |
| Briefly state the rea | ason for obtaining this re | ecord: | | | | |
| How will you be re | eceiving this record? | pick up at office | ☐ through the mail | ☐ through E-mail | ☐ through Fax | |
| Fee of \$20.00 per s | earch must accompany | this form. Fee paid | d: □ Yes □ No |) | | |
| Please make chequ | e or money order payab | le to: Archdiocese | of Keewatin-Le Pas | | | |
| E-Transfer option i | s available. Please cont | act chancery@kee | pas.ca for e-transfer ir | nformation. | | |
| Please either mail t | his form with your payr | nent to: Archdioce | se of Keewatin-Le Pa | s PO Box 270 The Pa | s, MB R9A 1K4 | |
| OR Email to chance | ery@keepas.ca or Fax t | o 204-623-6121. | | | | |
| | | | | | | |
| | Signature | | | Date | | |

^{*}Written authorization may be required if this request is not for yourself nor for your child. For more information please call Nicole at the Diocesan Office at 204-623-6121 ext 1.

^{**}If you will be mailing, emailing or faxing this form, please include a photocopy or picture of the piece of identification provided.