ARCHDIOCESE OF KEEWATIN – LE PAS MARRIAGE RECORD 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

Grooms Information:	
Last name(s):	First name(s):
Date of birth: (dd/mm/yyyy)//	Place of birth:
Motherøs (maiden) last name(s):	Motherøs first name(s):
Fatherøs last name(s):	Fatherøs first name(s):
Brides Information:	
Last name(s):	First name(s):
Date of birth: (dd/mm/yyyy)//	Place of birth:
Motherøs (maiden) last name(s):	Motherøs first name(s):
Fatherøs last name(s):	Fatherøs first name(s):
Date of Marriage:	
	Marriage was performed:
Mailing Address:	
	(Address / City / Province / Postal Code)
Daytime telephone number:	Email address:
Type of government-issued or band-issued	photo identification** provided (must have a signature):
Briefly state the reason for obtaining this re	ecord:
How will you be receiving this record? \Box	pick up at office □ through the mail □ through E-mail □ through Fax
Fee of \$20.00 per search must accompany to	this form. Fee paid: ☐ Yes ☐ No
Please make cheque or money order payable	e to: Archdiocese of Keewatin-Le Pas
E-Transfer option is available. Please cont	act chancery@keepas.ca for e-transfer information.
Please either mail this form with your payn	nent to: Archdiocese of Keewatin-Le Pas PO Box 270 The Pas, MB R9A 1K4
OR Email to chancery@keepas.ca or Fax to	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.