



Archdiocese of Grouard-McLennan - Archives

10301 - 102 St, Grande Prairie, AB T8V 2W2

FAX: 780-532-9706

All certificates will be sent by mail. There is a **\$25.00** fee for each certificate, payable by cheque to: Archdiocese of Grouard McLennan. If the certificate is not available, or cannot be released, your fee will be refunded. A separate application is required for each person's certificate.

Privacy Law (PIPA) limits the release of personal information to the individual named in the document, except:

- (1) if the record that contains the information has been in existence for more than 100 years;
- (2) if the individual identified in the record has been deceased for at least 20 years; or,
- (3) the individual identified in the record has given written consent to the disclosure.

Please provide as much information as accurately as possible to help us identify the Archival documents required to produce the certificate(s) you request.

CIRCLE the certificate(s) Requested: **Baptism** **Confirmation** **Marriage** **Death**

Certificate Bearer Information

Name on certificate(s): _____ / _____ / _____

First Name

Middle Name

Last Name

Date of Birth (D/M/Y): _____ Birth Place: _____

Certificate Bearer is (✓ check one): Alive Deceased Unknown

Date the sacrament was received (D/M/Y): _____ Place: _____

Father's Name: _____ / _____ / _____

First Name

Middle Name

Last Name

Father's Date of Birth (D/M/Y): _____ Birth Place: _____

Mother's (**Maiden**) Name: _____ / _____ / _____

First Name

Middle Name

MAIDEN Last Name

Mother's Date of Birth (D/M/Y): _____ Birth Place: _____

Spouse's Name: _____ / _____ / _____

First Name

Middle Name

MAIDEN Last Name

Spouse's Date of Birth (D/M/Y): _____ Birth Place: _____

Certificate Requestor Information

Are you the Certificate Bearer named above? (✓ check one): YES NO

If you answered: yes, then skip down to the phone number; if no, then complete the following questions:

Your Name: _____ / _____ / _____

First Name

Middle Name

Last Name

Your relationship to the Certificate Bearer: _____

Your Date of Birth (D/M/Y): _____ Phone Number: _____

The mailing address for the certificate:

Your reason for requesting this certificate: _____

Email: _____

Date Requested (D/M/Y): _____ **Signature:** _____