

# Genealogical Request Form for Baptism Record — Appendix 824A

## **Step 1: Instructions**

Please read carefully.

The Archives will only release baptism information to a third party for persons who were born 100 years prior to the current year, or for persons who have been deceased for 20 years.

**Fields marked with an \* are mandatory.** Without this information, requests cannot be processed.

- Complete one form per request.
- Include a non-refundable \$50 search fee per request.

You will be contacted with the search results within three (3) weeks from the time your request is received.

## **Step 2: Information about the Request**

\*Is this request for Métis citizenship or Treaty Status registration?

**Yes** Complete & attach the [Family Tree Form \(Appendix 824D\)](#).

**No**

\*Was the person born 100 years prior?

**Yes**

**No** Attach a letter of permission, signed & dated, from the individual or their family.

\*Has the person been deceased for more than 20 years?

**Yes** Attach the **death certificate**.

**No** Attach a letter of permission, signed & dated, from the family.

## **Step 3: Baptism Information**

\*Date of Baptism: \_\_\_\_\_ Provide approximate date if not known  
(dd/mmm/yyyy)

\*Baptized as an Infant:  **Yes**  **No**  **Not known**

\*City of Baptism: \_\_\_\_\_

Parish of Baptism: \_\_\_\_\_

Presiding Clergy: \_\_\_\_\_  
(First Name) (Last Name)

### **Name of Person at the Time of Baptism**

\*Full Name: \_\_\_\_\_  
(First Name) (Middle Name) (Last Name at Birth)

\*Date of Birth: \_\_\_\_\_ Provide approximate date if not known  
(dd/mmm/yyyy)

### **Name of Parents**

Father: \_\_\_\_\_  
(First Name) (Last Name)

Mother: \_\_\_\_\_  
(First Name) (Last Name at Birth)



**Step 4: Information about the person making the request**

\*Requestor's

name:

\_\_\_\_\_ (First Name)

\_\_\_\_\_ (Last Name)

\*Requestor's relationship to the Person who received the Sacrament:

*If requestor is an adoptee, attach a copy of the Adoption Order to establish biological relationship.*

\*Mailing Address:

\_\_\_\_\_ (Street Address or P.O. Box)

\_\_\_\_\_ (City)

\_\_\_\_\_ (Province)

\_\_\_\_\_ (Postal Code)

\*Phone:

\_\_\_\_\_ (Mobile)

\_\_\_\_\_ (other)

Email: \_\_\_\_\_

\_\_\_\_\_ \*Signature of person making this request

\_\_\_\_\_ \*Date (dd/mmm/yyyy)

**Step 5: Payment Method**

Please mail this form, along with a **\$50.00 non-refundable** search fee to:

The Catholic Archdiocese of Edmonton – Archives  
8421 – 101 Avenue NW  
Edmonton, AB T6A 0L1

\* Please select your preferred payment method:

**Cheque or Money Order** (included) Payable to: The Catholic Archdiocese of Edmonton

**Credit Card**       Visa     Mastercard     American Express

Card Holder's Name: \_\_\_\_\_

(as appears on card)

Credit Card #: \_\_\_\_\_

CVV \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

**Disclaimer:**

*The Catholic Archdiocese of Edmonton values the privacy of its patrons. All information collected is retained and used only in accordance with the Personal Information Protection Act (of Alberta). Requests are destroyed one year after they are processed.*

