

# Genealogical Request Form for Marriage Record — Appendix 824B

## Step 1: Instructions

Please read carefully.

The Archives will only release marriage information to a third party for marriages that took place 75 years prior to the current year, or for marriages where both parties 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 membership or Treaty Status registration?

**Yes** Complete & attach the Family Tree Form (Appendix 824D).

**No**

\*Did the marriage take place 75 years prior?

**Yes**

**No**

Attach a letter of permission, signed & dated, from the individual(s) or their family.

\*Have both parties been deceased for 20 years?

**Yes**

Attach **death certificates** for both parties.

**No**

Attach a letter of permission, signed & dated, from their family.

## Step 3: Marriage Information

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

\*City of Marriage: \_\_\_\_\_

Parish of Marriage: \_\_\_\_\_

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

### Groom

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

Date of Birth: \_\_\_\_\_  
(dd/mmm/yyyy)

### Bride

\*Full Name: \_\_\_\_\_  
(First Name) (Last Name at birth) (Last Name)

Date of Birth: \_\_\_\_\_  
(dd/mmm/yyyy)

**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.*

