

Genealogical Request Form for Burial Record — Appendix 824C

Step 1: Instructions

Please read carefully.

The Archives will only release burial information to a third party for persons who have been deceased for 20 years prior to the current year.

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: Request Information

*Is this request for Métis membership or Treaty Status registration?

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

No

*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: Burial Information

*Date of Death: _____ Provide approximate date if not known
(dd/mmm/yyyy)

*Place of Burial: _____
(City) (Cemetery Name)

Place of Funeral: _____
(City) (Parish)

Presiding Clergy: _____
(First Name) (Last Name)
(The name of the Presiding Clergy may be helpful if the Burial Record cannot be found.)

Name of Person at the Time of Death

*Full Name: _____
(First Name) (Last Name at Birth) (Last Name)

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

Step 4: Information about the person making the request

*Name of person making the request: _____
(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.

