

ARCHDIOCESE OF WINNIPEG
Archives
SACRAMENTAL RECORDS RELEASE FORM
Baptism Record



1495 Pembina Hwy
Winnipeg, Manitoba R3T 2C6
204 452-2227

Request Date: _____

Name of Parish In Which Baptism Was Performed: <i>(if outside Winnipeg, please state the name of the town)</i>	
Name at time of Baptism:	
Last Name:	Given Names:
Date of Birth:	Approximate Date of Baptism: <i>(i.e. as an infant, young adult, etc.?)</i>
Name of Father:	
Name of Mother:	

Name of Person Making the Request:	Relationship to the Recipient of Sacrament:
Address:	
City, Province, Postal Code:	
Daytime Telephone Number:	Signature of Person Making Request

Briefly state the purpose of obtaining this record

Send to:
Address:
City, Province, Postal Code:
Attention:

Fee of \$15.00 Per Search Must Accompany This Form

For Office Use:

Fee Paid: (Receipt #)	Date Mailed	Researcher:
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Please mail to: Archives
Catholic Centre
1495 Pembina Hwy
Winnipeg, Manitoba R3T 2C6