

ARCHDIOCESE OF WINNIPEG
Archives
SACRAMENTAL RECORDS RELEASE FORM
Marriage Records



1495 Pembina Hwy
Winnipeg, Manitoba R3T 2C6
204 452-2227 Fax: 204 453-8179

Request Date: _____

Name of Parish In Which Marriage Was Performed:	
Groom:	
<i>Last Name:</i>	<i>First Names:</i>
Bride:	
<i>Last Name:</i>	<i>First Names:</i>
Date of Marriage:	

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