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

SACRAMENTAL RECORDS RELEASE FORM – Baptism Records

Request Date: _____

ALL FIELDS ARE REQUIRED. If you do not know all details, contact archives@archwinnipeg.ca for assistance prior to submitting your request. Ensure the church/parish is within the Archdiocese of Winnipeg region.

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

Name of Person Making the Request:	This is a record of (please circle or indicate): myself / parent / grandparent / other:_____
Mailing Address:	
Email address:	
Daytime Telephone Number:	Signature of Person Making Request

Briefly state purpose of obtaining this record: **If for sacramental requirements, contact parish of your baptism directly.**

Send to (name):	
Address (if different from above):	
If record is less than 100 years old and is not your own (or a spouse/child's), we require authorization from the individual on the record (or next-of-kin) to release the certificate. They must complete the section below.	
Name of Person Providing Authorization: _____ Signature Authorizing Record Release:	
Phone number (may be used for verification):	This is a record of (please circle or indicate): myself / parent / grandparent / other:_____

FEE OF $50.00 PER SEARCH MUST ACCOMPANY THIS FORM

Do not mail cash. Address cheques or money orders (in Canadian dollars) to: *Archdiocese of Winnipeg*

Records searches may take several months to complete from date received.

For Office Use:

Fee Paid: (Receipt #)	Date Mailed	Researcher:

Effective 01/11/2026

Please mail to:

Catholic Centre - Archives
1495 Pembina Hwy
Winnipeg, Manitoba
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