

## The Roman Catholic **Diocese of Prince George**

There is an administrative fee of \$10.00. You may pay by cash at our Reception Desk OR by cheque. Please DO NOT send cash in the mail. Please make cheque payable to RCEC and mail to the address noted below.

## SACRAMENTAL/BURIAL RECORDS REQUEST FORM

## **Requests for Sacramental Records:**

Access to diocesan archival records must comply with the Personal Information Protection Act [PIPA 2003]. To comply with provincial privacy legislation, we ask that Requesting Parties provide Verification of Identification: a paper or digital copy of one (1) piece of photo identification.

## **Issuing of Certificates/Records:**

- 1) An Individual Party requesting his/her own personal records submits this form along with Verification of Identification.
- 2) A Third Party (requesting on behalf of an Individual Party): a letter from the Individual Party giving permission for the release of his/her personal records must accompany this form, along with Verification of Identification of both the Individual Party and the Third Party.
- 3) If the above does not apply:
  - Parents may request Baptism, Confirmation, or Burial records of their dependents (children), with accompanying Verification of Identification;
  - The Personal Representative (e.g., power of attorney) of the deceased Individual Party may request Marriage or Burial records, with accompanying Verification of Identification; if there is no Personal Representative, the nearest relative of the deceased Individual Party may request such records, with accompanying Verification of Identification.

Select certificate/record being requested:	Baptism 🗖	Marriage	Confirmation $\Box$	Burial 🗖	
Purpose of the Request:					
If a Third Party, please record relationship to Individual Party:				(e.g. parent, sibling, e	
CERTIFICATE/RECORD REQUEST IS I	N RELATION	TO THE FOLLO	WING INDIVIDUAL	PARTY:	
Individual Party: Last Name:		First Name:			
Individual Party's Birth Information:					
Date of Birth:		Place of Birth: _			
Parental Names of the Individual Party:					
Father's Full Name:					
Mother's Full Name (including maiden name):					
Death Information re. Individual Party (if a	applicable):				
Date of Death:	Parish & To	own/City of Burial_			
Contact Information of Requesting Party (	-				
Full Address and Postal Code:					
Email:	: Phone:				
Signature:					
* Fax: Archives Records Request at 250-964-2 * Mail: P.G. Diocese Archives Records Request 6500 Southridge Avenue,	2101	ACTION TAKEN  Certificate Requested		Date: Initials:	
Drives Casas DC VON 500	1	Baptism L	Confirmation   Mar	riage 🗀 Buriai 🗀	

Document (s) sent via:

Email 🗖

Postal

Prince George, BC, V2N 5P9