



The Roman Catholic Diocese of Prince George

SACRAMENTAL/BURIAL RECORDS REQUEST FORM

There is an administrative fee of \$10.00. You may pay by cash, cheque, or e-transfer. Please make cheque payable to RCEC and mail to the address below. E-transfer is sent to: Fees@pgdiocese.bc.ca. For all payments, please record message as: "Archives Admin. Fee". Please DO NOT send cash in the mail.

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 Burial

Purpose of the Request: _____

If a Third Party, please record relationship to Individual Party: _____ (e.g. parent, sibling, etc)

CERTIFICATE/RECORD REQUEST IS IN RELATION TO THE FOLLOWING 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 applicable):

Date of Death: _____ Parish & Town/City of Burial _____

Contact Information of Requesting Party (Individual Party requesting for himself/herself OR Third Party requesting on behalf of)

Name: _____

Full Address and Postal Code: _____

Email: _____ Phone: _____

Signature: _____ Date: _____ (yyyy/mm/dd)

Send completed forms via one of these formats:

- * Email: archives@pgdiocese.bc.ca
- * Fax: Archives Records Request at 250-964-2101
- * Mail: P.G. Diocese Archives Records Request
6500 Southridge Avenue,
Prince George, BC, V2N 5P9

Revised January 2021.

FOR OFFICE USE ONLY			
ACTION TAKEN	Completed by:	Date:	Initials:
Certificate Requested			
Baptism <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage <input type="checkbox"/> Burial <input type="checkbox"/>			
Document (s) sent via:	Email <input type="checkbox"/>	Postal <input type="checkbox"/>	