

Genealogical Request Form for Marriage Record — Appendix 824B

Step 1: Instructions

Please read carefully.

The Archives will only release marriage information to a third party for marriages that took place 75 years prior to the current year, or for marriages where both parties have been deceased for 20 years.

Fields marked with an * are mandatory. Without this information, requests cannot be processed.

- Complete one form per request.
- Include a non-refundable \$50 search fee per request.

You will be contacted with the search results within three (3) weeks from the time your request is received.

Step 2: Request Information

*Is this request for Métis membership or Treaty Status registration?

Yes Complete & attach the Family Tree Form (Appendix 824D).

No

*Did the marriage take place 75 years prior?

Yes

No Attach a letter of permission, signed & dated, from the individual(s) or their family.

*Have both parties been deceased for 20 years?

Yes Attach **death certificates** for both parties.

No Attach a letter of permission, signed & dated, from their family.

Step 3: Marriage Information

*Date of Marriage: _____
(dd/mmm/yyyy)

*City of Marriage: _____

Parish of Marriage: _____

Presiding Clergy: _____
(Last Name) (First Name)

Groom

*Full Name: _____
(Surname) (Surname at Birth) (First Name)

Date of Birth: _____
(dd/mmm/yyyy)

Bride

*Full Name: _____
(Surname) (Surname at Birth) (First Name)

Date of Birth: _____
(dd/mmm/yyyy)

Step 4: Contact Information

*Name of person making the request:

_____ (Last Name) _____ (First Name)

*Mailing Address:

_____ (Street Address or P.O. Box)

_____ (City) _____ (Province) _____ (Postal Code)

*Phone:

_____ (mobile) _____ (other)

Email:

_____ *Signature of person making this request _____ *Date (dd/mmm/yyyy)

Step 5: Payment Method

Please mail this form, along with a **\$50.00 non-refundable** search fee to:

The Catholic Archdiocese of Edmonton – Archives
8421 – 101 Avenue NW
Edmonton, AB T6A 0L1

* Please select your preferred payment method:

Cheque or Money Order (included) Payable to: *The Catholic Archdiocese of Edmonton*

Credit Card Visa Mastercard American Express

Card Holder's Name: _____
(as appears on card)

Credit Card #: _____

Expiry Date: _____

Cardholder's Signature: _____

Disclaimer:

The Catholic Archdiocese of Edmonton values the privacy of its patrons. All information collected is retained and used only in accordance with the Personal Information Protection Act (of Alberta). Requests are destroyed one year after they are processed.

