## **Anglican Diocese of British Columbia Archives**

900 Vancouver Street, Victoria BC, V8V 3V7



Phone: 250.386.7781, Ext. 241 Email: archives@bc.anglican.ca

Hours: Tuesday-Wednesday, 8:30 – 4:00

## **Parish Register Inquiry Form**

Fees: \$25.00 each by cash or cheque.

To facilitate your request, please COMPLETE, SIGN and RETURN this form by Email or Canada Post to the Archives.

1. INQUIRER INFORI	MATION: [This i	nformation is used solel	y for Archives admini	strative purposes]	
NAME:					
Address:					
Email:	Phone:				
2. INFORMATION FR	ROM REGISTERS	:			
				ed, <b>date of event</b> , and ar d names of parents. Plea	-
specific as possible.	Baptism:	Confirmation:	Marriage:	Burial:	
Name of Officiating Cle	ergy: (if known)				
3. AUTHORIZATION  Your relationship to su  Reason for request:	_	ermission may be requi	red to access persona	l information]	
Signature:			Date:		