THE INCORPORATED SYNOD OF THE DIOCESE OF ALGOMA

SEARCH REQUEST

(Check	Appropriate) 🗖 Bap	tism Record	□ Bu	rial Record 🗖 N	Marriage Record	■ Parish History
BY:						
	Surname			Christian Name		
	Street			City/Town		Province
	Postal Code			Telephone		
				Email		
REASO	N/ PURPOSE OF REQUEST:					
REGIST	ER FOR THE PARISH OF:	Name of Chu	rch			
		Address				
s much	n as possible of the following	information is	hereby subr	nitted relative to this req	ıuest:	
BAPTIS				BURIAL		
Name:				Name:		
Parent	s:			Residence:		
Reside	nce:			Date of Death:		
Date o	f Birth:			Date of Funeral:		
Date o	f Baptism:			Place of Funeral:		
Place c	of Baptism:			Officiating Clergy:		
Sponso	ors:			_		
				_		
				_	MARRIAGE RECOR	DS (See Verso)
Officiat	ing Clergy:			_		
				_	FEE ENCLOSED:	\$
				_	(\$30.00 CAD Mon-	ey Order, payable to

MARRIAGE	Please send the completed form along with the money order to:
Bridegroom:	Diocese of Algoma Synod Office
Age:	619 Wellington Street East
Place of Birth:	Sault Ste. Marie, Ontario
Religious Denomination:	P6A 2M6
Names of Parents:	
	Further inquiries can be made by contacting the
	Diocesan Archivist, Algoma University at:
Bride:	
Age:	Krista.mccracken@algomau.ca
Place of Birth:	
Religious Denomination:	
Names of Parents:	
Place of Marriage:	
Date of Marriage:	
Officiating Clergy:	
PARISH HISTORIES: In as much detail as possible, outline the topics you a	are researching.