



Application Form for Burial Record

This form must be filled out, signed, and returned via email or mail before the burial record search will be undertaken. A paper form will be mailed to you, if requested. For best results, please submit all requested information.

For requests dated from 1915 and earlier, the name of the Church does not need to be known. For requests dated after 1915, the name of the Church **must** be included. If not known, please inquire with family or friends, research the town or neighbourhood your kin resided in, and provide your “best guess.” The Archives will search the records of up to 3 Churches. If date is not known, please provide approximate range of years.

Who May Receive Records?

Please check the box below that applies to you and complete the information (on reverse). Please note your search may take up to 8 weeks to complete.

- a) Anyone if the burial occurred more than 70 years ago
- b) Immediate next of kin. What is your relationship to the person whose information you are requesting? _____
- c) Any person with a valid reason. My reason is _____

Consent to Release Information

If you are requesting information about a person who is not your immediate next of kin, the following section must be completed and signed by their immediate next of kin or a signed letter of consent must be attached to this application.

I, _____, (*print name of person entitled to information*) give my consent to release the requested information to _____ (*print name of authorized representative*).

Signature of person entitled to information *Date*

There is a \$20 fee for each burial record search, which must be paid regardless of whether the search is successful.

Searches are free of charge for all Indigenous peoples. Fee will be waived if the cost is an undue hardship.

Along with this form, please mail a cheque payable to Prairie to Pine Regional Council and note “archives fee for service” in the memo line. Or send an e-transfer to: prairietopine@united-church.ca It is automatically deposited, so we do



not have to have a prearranged password. Please indicate in the message box (if you have that option) that it is a fee for service for archives.

If you wish to provide additional financial support to the Archives to help us preserve our holdings, then a donation would be gratefully accepted. A receipt for income tax purposes will be issued for donations of \$25.00 or more.

May we contact you with a future donation request: Yes No

Please provide the following information to the best of your ability:

Last Name of Deceased: _____

Given Names: _____

Date of Death (month/ day/ year): _____

Place of Funeral (City/ Town/ Village): _____

Name of Church where registered (required): _____

Any additional information: _____

Reason for request: _____

Urgent: Yes No

Applicant's Agreement

I agree that the information provided to me will be used for the reason stated above and will not be used for any unlawful or improper purposes:

Applicant's name: _____ Phone number: _____

Applicant's signature: _____ Email: _____

Mailing address: _____

I'd prefer a copy: Mailed Emailed Both