The United Church of Canada, Living Skies Regional Council - Archives



Living Skies Regional Council Office, 423 Main St. N., Moose Jaw, Saskatchewan S6H 0W5 livingskiesarchives@united-church.ca | www.livingskiesrc.ca/resources/archives/

Request for Church Burial Record

Contact Information

NAME:	
ADDRESS:	
PHONE:	EMAIL:
Reason for this Re	equest:
	. (e.g. genealogy, family research, government documents)
Requested Reco	<u>rd</u> – BURIAL
Please fill out this se	ction, to the best of your ability. Gaps in information may lead to incomplete results.
FULL NAME:	
DEATH DATE:	PLACE:
(or estimated)	(if known)
BURIAL DATE: (or estimated)	CHURCH:
LOCATION:	
-	(e.g. town, city, municipality, village, or closest likely community involved)
Please check a	ny of the following that apply:
This buria	l occurred more than 30 years ago.
I am the c	hild, parent, guardian, or legal representative of the person in the record.
• •	alid reason for needing the record but are not authorized under any of the above can provide your explanation in writing (by e-mail or regular mail).
If the record is found	d, I would like the transcript be directed to me by (check one or both)
E-MAIL	at this address:
MAIL	
	at this address:
	llated based on the number of individuals, events, and number of registers we are asked e contacted to confirm you accept the fees (or not), before we carry out a search.
-	ormation provided to me will be used for the reason stated above and will not be used
-	r improper purposes.
Signature:	Date: Person Requesting Records)
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If you have questions or need further clarification, e-mail the Living Skies Regional Council Archivist, at <u>livingskiesarchives@united-church.ca</u> or phone 639-396-0200.