

INFORMATION REQUEST FORM

The Archdeacon Buckle Memorial Archive
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The Honourary Archivist is Peter Chalker



To comply with the Archive access policies, please complete, sign, and return this form. All requests must be completed in full, as far as is possible. All payments for research must be made to: The Archdeacon Buckle Memorial Archive.

Name of Inquirer: (please print) _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Signature: _____ Date: _____

For information requests from registers please state:

1. Relationship of Inquirer to subject of inquiry: _____

2. Reason or purpose of inquiry: _____

The above personal information is secure and is not available to others.

Information requests from registers:

Baptism: ____ Confirmation: ____ Marriage: ____ Burial: ____

Full name(s) of parties about whom information is required: _____

Place name: (Parish if known) _____

Officiating Clergy if known: _____

Approximate Date: _____

For Baptisms, please state the full names of the parents and the child as they were at the time of Baptism:

Child _____

Parent _____

Parent _____

- Please add any other relevant information on a separate sheet.

- The more information we have from you, the more likely we will be able to help.

3. For other requests: Please use a separate sheet and be as specific as possible and state the reason or purpose of the inquiry.

FOR OFFICE USE ONLY

Search completed: yes ___ no ___ Time spent _____ Fee _____ Date _____

Payment received: _____ Reply sent: _____

Researcher: _____