



PERSONAL INFORMATION RELEASE FORM

DECLARATION

I _____, born on the _____ day of _____, hereby authorize the *Roman Catholic Diocese of Mackenzie Fort Smith* to release my personal information to the *Northwest Territory Métis Nation* for the purposes of Genealogical Research.

Documents Required:

<i>Birth Certificate</i>		<i>Baptismal Certificate</i>		<i>Marriage Certificate</i>		<i>Death Certificate</i>	
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Additional, I authorize the release of information for the following deceased relatives;

Name	Date of Birth	Relationship	Documents Required

ENDORSEMENT

Name: _____

Date: _____

Signature: _____

Witness: _____

Date: _____