CATHOLIC CHURCH

PERSONAL INFORMATION RELEASE FORM

DECLARATION

I, the undersigned, 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.

Print Name: _____

Date of Birth: _____

Signature: _____

Date: _____

Witness: _____

OFFICE USE ONLY

Documents Requested

Birth Certificate		Baptismal Certificate		Marriage Certificate		Death Certificate	

Additionally, the following documents are requested for the following deceased relatives;

Name	Date of Birth	Relationship	Documents Required