



Sacramental Record Search Form

Please fill out as much information as possible, then call the Archives at (416)934-3400 ext. 501,
OR send your completed form as an email attachment to archives@archtoronto.org.
Your information is treated as strictly private and confidential.

Contact Information	
First and Last Name	
Phone Number(s)	Email Address
Record(s) Requested Baptism First Communion Confirmation	Reason for Request:

Personal Information <i>Please list any alternate names or name variations as they might appear on the record</i>	
First, Middle and Last Name at time of Sacrament	Date of Birth
Father's First and Last Name	Mother's First and Maiden Name

Residence <i>Please provide any details you or your family remember about where you were living at the time</i>	
Street address OR major intersections OR neighbourhood Or landmarks/other details	

Other Sacraments Received <i>Please list any other sacraments you have received in the Church with an approximate date</i>			
	Parish/Elementary School	City/Town	Date
Baptism			
First Communion			
Confirmation			
Marriage			

Additional Information <i>Please answer as many questions as possible</i>	
Did your family attend mass in a language other than English? If you answered yes or not sure, which language? _____	Yes No Not Sure
Does your family remember travelling a long distance to get to the church?	Yes No Not Sure
Do you have any photographs that show the interior or exterior of the church?	Yes No
Do you or your family remember anything about the church? What did it look like? (old or new; big or small, etc.) Was it near any landmarks, major intersections, parks, shopping areas, schools?	
Do you know the name of the priest?	Yes, _____ No
For Baptism Record Searches Only:	
Were you baptized as an infant (0-2 years old)?	Yes No, I was ____ years old Not sure
Were you baptized at birth, in a hospital?	Yes, at _____ No
Please include any other comments in the space below:	

Collection and Use of Personal Information

The Archdiocese of Toronto is committed to protecting personal information. By signing below, you certify that this is a request for your own record or that of your dependent, and to your knowledge the information provided is accurate. You understand that the personal information you have provided is used by the Archdiocese of Toronto solely in the search for your record, and will not be used in any other way.

Signature: _____ Date: _____

For departmental use only:

Search History			
Parish Checked	Y/N	Dates Checked	Sacrament Searched

Record Location			
Parish		Name on Record	
Date of Sacrament	Register Beginning	Page	Number
Parish Phone Number		Special Instructions	

Communication Log	
Date	Information conveyed

Notes