

Request for correction of an act in the following register

BAPTISM MARRIAGE FUNERAL BURIAL

Name of parish: _____

Name of person(s) concerned: _____

Date of entry in register: _____

- | BAPTISM | MARRIAGE | FUNERAL | BURIAL |
|---|---|---|---|
| <input type="checkbox"/> Surname | <input type="checkbox"/> Celebrant's name | <input type="checkbox"/> Date | <input type="checkbox"/> Date |
| <input type="checkbox"/> Given names | <input type="checkbox"/> Groom's name | <input type="checkbox"/> Celebrant | <input type="checkbox"/> Name of deceased |
| <input type="checkbox"/> Birth | <input type="checkbox"/> Residence | <input type="checkbox"/> Name of deceased | <input type="checkbox"/> Residence |
| <input type="checkbox"/> Location | <input type="checkbox"/> Son of | <input type="checkbox"/> Residence | <input type="checkbox"/> Date of birth |
| <input type="checkbox"/> Parentage | <input type="checkbox"/> Widower of | <input type="checkbox"/> Date of birth | <input type="checkbox"/> Place of death |
| <input type="checkbox"/> Minister | <input type="checkbox"/> Bride's name | <input type="checkbox"/> Place of death | <input type="checkbox"/> Date of death |
| <input type="checkbox"/> Date of baptism | <input type="checkbox"/> Residence | <input type="checkbox"/> Date of death | <input type="checkbox"/> Relative of the deceased |
| <input type="checkbox"/> Date of confirmation | <input type="checkbox"/> Daughter of | <input type="checkbox"/> Relative of the deceased | <input type="checkbox"/> Other |
| <input type="checkbox"/> Spouse of | <input type="checkbox"/> Widow of | <input type="checkbox"/> Burial | |
| <input type="checkbox"/> Parish | <input type="checkbox"/> Groom's witness | <input type="checkbox"/> Other | |
| <input type="checkbox"/> Adoption | <input type="checkbox"/> Bride's witness | | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Dispensation | | |
| | <input type="checkbox"/> Other | | |

Authorization is requested for the following correction in the above mentioned register:

Details of original entry _____

Reason(s) for the request? _____

Are the rights of a third party being respected? YES NO

Date _____ SEAL _____

Signature of priest/other

N.B. In the case of a change of name, or of parentage, or of adoption or other, please enclose copies of the civil documents.

RESCRIPT FROM THE CHANCERY OFFICE

Name of parish: _____

Name of person(s) concerned: _____

Date of entry in register: _____

After having examined the request made on _____, I, the undersigned, authorize the above-mentioned correction to be made in the register concerning _____

Date _____ SEAL _____

Chancellor