

GENEALOGICAL RESEARCH REQUEST FORM

Please complete the form below. Submit it along with payment to the following:

Archdiocese of Atlanta
Office of Archives & Records
211 Lake Park Drive SE
Smyrna, GA 30080-8862

The fee for genealogical research requests is \$25.00. *Payment can be made by check or money order (U.S. currency,) made payable to the Archdiocese of Atlanta.* Please note that the fee is not refundable in the event that no research results are obtained. Archives staff can only conduct research up to *one hour* per genealogical research request.

Please allow approximately four weeks for request(s) to be answered.

Type of Record(s) of Interest (Please circle all that apply):

BAPTISMAL MARRIAGE BURIAL OTHER _____

INFORMATION REQUIRED:

NAME OF PERSON(S) BEING RESEARCHED: _____

FATHER'S FULL NAME (IF KNOWN): _____

MOTHER'S MAIDEN NAME (IF KNOWN): _____

PARISH AND/OR CITY ASSOCIATED WITH PERSON(S) BEING RESEARCHED: _____

DATE(S) OF BIRTH, MARRIAGE or BURIAL (SPECIFY): _____

ADDITIONAL INFORMATION (Please use back of form)

REQUESTED BY:

NAME: _____ DATE: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____ E-MAIL _____

I have read and agree to abide by the *Genealogical Research Policies and Procedures* of the Archdiocese of Atlanta's Office of Archives & Records.

Signature _____ Date _____

Please contact Carolyn S. Denton, Director of Archives and Records,
(cdenton@archatl.com or 404-920-7692) for more information.

ARCHDIOCESE OF ATLANTA OFFICE OF ARCHIVES & RECORDS