

REQUEST FOR A TRANSCRIPT OF A PARISH REGISTER ENTRY

Your Contact	t Details – Name
	Address
	Telephone
	Email
Transcript Re □ Baptism	equired - □ Marriage □ Buriạl
Please provide as much detail as possible to assist in locating the correct entry.	
Baptism –	Name
	Parents
	Date (or search period)
Marriage –	Groom
	Bride
	Date (or search period)
Burial -	Name
	Date (or search period)
Trans Addit Prior Posta	at the time of application) – script (includes 2 year search) \$ 15.00 ional search fee (\$10 for each 2 years) \$.00 ity fee (\$10 if applicable) \$.00 age (\$1 for up to 10 copies if required) \$.00 Enclosed \$.00

The Archivist

C/o Cathedral Office: St John's Hall, Church Street, Parramatta NSW Postal Address: PO Box 1443, PARRAMATTA NSW 2124 Email: archives@stjohnscathedral.org.au ABN 85 257 451 994