



Roman Catholic Episcopal Corporation of St. John's
ARCHIVES AND RESEARCH
RESEARCH REQUEST FORM

Request Date: _____

Request (please provide as much detail as possible):

Name of Person Making the Request:

Address:

City, Province

Postal Code:

Daytime Telephone Number:

Signature of Person Making Request

Payment Information:

Check or Money Order Attached

Credit Card Number:

Expiry Date

Send To:

Address:

City, Province, Postal Code:

Attention:

Fee of \$50.00/hr. Please wait for invoice before making payment.

Fee Paid: (Receipt #)

Date Received

Researcher:

Tel. 709-726-3660 Suite 402, 33 Pippy Place St. John's, NL A1B 3X2 www.rcsj.org

Vox Clamantis in Deserto

"A Voice Crying in the Wilderness"