

## Archdiocese of Atlanta Office of Archives and Records Genealogical Research Request Form

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

Archdiocese of Atlanta Office of Archives & Records 2401 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 approxin	nately four weeks f	or request(s) t	to be answered.		_
Type of Record(s) of I	Interest (Please cir	cle all that app	oly):		
BAPTISMAL	MARRIAGE	BURIAL	OTHER		
INFORMATION REQ	UIRED:				
NAME OF PERSON(	S) BEING RESEAF	RCHED:			
FATHER'S FULL NAM	ME (IF KNOWN): _				
PARISH AND/OR CIT	TY ASSOCIATED V	VITH PERSO	N(S) BEING RESEA	ARCHED:	
DATE(S) OF BIRTH,	MARRIAGE or BU	RIAL (SPECIF	FY):		
ADDITIONAL INFORMA	ATION (Please use b	ack of form)			
REQUESTED BY:					
NAME:				DATE:	
ADDRESS:					
CITY, STATE, ZIP: _					
PHONE NUMBER: E-MAIL					
Cianatura				Dete	

Please contact the Office of Archives and Records by email at <a href="mailto:archives@archatl.com">archives@archatl.com</a> or by phone at 404-920-7690 for additional information.