



## Manitoba Vital Statistics Inquiry Form

If you require assistance with this form, please email [IRS@scoinc.mb.ca](mailto:IRS@scoinc.mb.ca) or call 1-204-946-1869, ext. 165.  
If you require more space, please add another piece of paper.

My name is:

I am requesting (check all that apply):

- Death records
- Birth records
- Marriage records

Please provide relationship information with the person whose records you are requesting:

1. Full Name (provide all spellings you are aware of):

a. Nickname(s):

b. Name changes (adoption, customs, marriage):

2. Date of birth:

3. Date of death (if applicable):

4. Parents' names (if known):

a. Father

i. First name:

ii. Last name:

iii. Date of birth:

iv. Date of death:

b. Mother (include maiden name if known)

- i. First name:
- ii. Last name:
- iii. Date of birth:
- iv. Date of death:

5. Siblings' name(s):

**Please provide contact information:**

P.O. Box:

Street:

City/Town:

Province/Country:

Postal Code/Zip Code:

Phone number (home):

Phone number (work):

Phone number (cell):

Email:

RUSH REQUEST Are you requesting your own records and are you terminally ill:

Yes

No

Signature:

Date signed (DD/MM/YYYY):

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Once the form is complete, please send a copy via email to [IRS@scoinc.mb.ca](mailto:IRS@scoinc.mb.ca), or by mail to: IRS Research Project, Southern Chiefs' Organization, 1572 Dublin Avenue, Winnipeg, MB, R3E 0L4.