



Request to Purge Absolute and / or Conditional Discharge

Please print legibly.

Requester Information

Name and Full Mailing Address of Requester

Discharge

I am hereby requesting the purge of my absolute discharge and / or conditional discharge from the central repository of the Royal Canadian Mounted Police.

Type of Discharge	Date of Discharge - Approximate date, if actual date unknown (yyyy-mm-dd)
<input type="checkbox"/> Absolute <input type="checkbox"/> Conditional	

Offences

Type of Offences Committed

Name Under which the Sentence was Rendered

Date of Birth (yyyy-mm-dd)	Residence Telephone Number	Business Telephone Number
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Signature

Date (yyyy-mm-dd)

Submission Instructions

Mail or send by facsimile to:
 Legislative Conformity
 Royal Canadian Mounted Police
 Box 8885
 Ottawa, Ontario
 K1G 3M8

Facsimile: **613-957-9063**