

SACRAMENTAL RECORD REQUEST FORM

* † Data needed to supply baptism record.

† Data needed to supply marriage certificates-record should not be sent without these fields completed.

* † Parish: _____

Record Type: ☐ BAPTISM ☐ MARRIAGE ☐ OTHER _____

* † Name of Individual on Record: _____

* † Birth Date: _____

Baptism Date: _____

Baptized as an Infant? ☐ YES ☐ NO ☐ I DON'T KNOW

Parents Information

Father: _____

Mother (include maiden name): _____

Name of Minister: _____

Godparents: _____

Confirmation Date: _____

† Marriage Date: _____

† Name of Spouse: _____

Requester's Relationship
to Person named in record: _____

* † Purpose of Request: ☐ My personal records (*no fee, copy of photo ID & Release required*)

☐ Genealogical Research (*fee required*)

☐ Yes ☐ No I have already contacted the Parish.

* † Send to: _____

* † Address, City/State/Zip: _____

* † Daytime Phone: _____

* † E-mail Address: _____

Other Notes or Clarifications: _____

Please send this completed Form,
with any required Fee, to the
parish.

Printed Name of Requester

Signature of Requester

Date