

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 _____