

# **Authorization for Release of Information for Sacramental Records**

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_,

(Print Your Name)

to release a copy of the record of  
(Name of Parish)

of

(Name on Certificate)

from its sacramental registers to \_\_\_\_\_  
(Name of Person/Institution Receiving the Certificate)

(Name of Person/Institution Receiving the Certificate)

*I agree to hold harmless the Diocese of Ogdensburg, the Roman Catholic Church, its dioceses, Bishops and their successors in office, the aforesaid parish and all other persons connected with them from any liability for releasing this information pursuant to my request.*

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### Signature of Authorization

Printed Name of Person Signing Above

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### Mailing Address

### City

### State

Zip

## Telephone Number with Area Code

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E-mail Address (optional)

Note: The person authorizing release must be the person to whom the certificate relates, the parent if the certificate relates to a minor child or the spouse or adult child if the person to whom the certificate relates is deceased.

RETURN THIS COMPLETED FORM AND A COPY OF YOUR DRIVER'S  
LICENSE OR EQUIVALENT PHOTO IDENTIFICATION TO THE PARISH.