

SACRAMENTAL RECORDS REQUEST FORM:

This form is to request sacramental records for living persons, not for genealogical research.

BAPTISMAL NAME _____

MOTHER'S NAME (INCLUDE MAIDEN NAME) _____

FATHER'S NAME _____

CHURCH OF BAPTISM _____

DATE OF BIRTH _____

WAS BAPTISM PERFORMED CLOSE TO TIME OF BIRTH? YES NO

IF NO, HOW OLD WAS PERSON AT TIME OF BAPTISM? _____

SACRAMENTAL RECORDS REQUESTING (check all that apply & include additional information):

BAPTISM

FIRST EUCHARIST

DATE _____ CHURCH _____

CONFIRMATION

DATE _____ CHURCH _____

MARRIAGE

SPOUSE'S NAME _____

DATE _____ CHURCH _____

HOLY ORDERS (Can only provide this record if it is noted with the baptismal record. Contact the diocese of ordination for more information.

REASON FOR REQUEST: _____

NAME OF PERSON MAKING REQUEST _____

RELATIONSHIP TO PERSON IN RECORD _____

PHONE _____

E-MAIL _____

ADDRESS _____

IF THIS RECORD NEEDS TO BE MAILED TO A CHURCH, PROVIDE NAME & ADDRESS

OF CHURCH _____
