

# Holy Family Catholic Church

## SACRAMENTAL RECORDS RELEASE REQUEST

**Request Date:** \_\_\_\_\_

*PLEASE COMPLETE ONE FORM PER CERTIFICATE REQUEST*

NAME OF SACRAMENT: <input type="checkbox"/> BAPTISM <input type="checkbox"/> MARRIAGE <input type="checkbox"/> COMMUNION <input type="checkbox"/> CONFIRMATION	
NAME AT THE TIME OF SACRAMENT: _____	
(APPROXIMATE) DATE OF SACRAMENT: _____	DATE OF BIRTH: _____
FULL NAME OF FATHER (LAST, FIRST): _____	
FULL MAIDEN NAME OF MOTHER (LAST, FIRST): _____	
PRESIDER: _____	SPONSOR/GODPARENT/WITNESS: _____

REQUESTOR: _____	RELATIONSHIP TO RECORD HOLDER: __ SELF    __ PARENT
ADDRESS: _____	
CITY, STATE, ZIP: _____	
DAYTIME TELEPHONE NUMBER: _____	EMAIL ADDRESS: _____

RELEASE TO: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
COMMENTS: _____
SIGNATURE: _____ (SIGNATURE OF NAMED RECIPIENT OF SACRAMENT OR AUTHORIZED RECIPIENT OF DOCUMENT)

***For Office Use Only***

<input type="checkbox"/> Photo ID Verified: _____ (initial/date)	Fee (if applicable) Paid: CA CK MO
Processed by: _____	Date Mailed/Picked up: _____

RECORD LOCATION: \_\_\_\_\_ BOOK; VOLUME # \_\_\_\_\_ PAGE # \_\_\_\_\_ LINE # \_\_\_\_\_

**In order to protect the privacy of the individual involved, certificates are only issued to the parent of the child, or to the person to whom the record is referring. NO certificates are issued for genealogical purposes. Photo ID must be presented. (A nominal fee may be charged per certificate copy.)**