Holy Family Catholic Church SACRAMENTAL RECORDS RELEASE REQUEST

NAME OF SACRAMENT: BAPTISM MARRIAGE COMMUNION CONFIRMATION NAME AT THE TIME OF SACRAMENT: (APPROXIMATE) DATE OF SACRAMENT: FULL NAME OF FATHER (LAST, FIRST): FULL MAIDEN NAME OF MOTHER (LAST, FIRST): PRESIDER: SPONSOR/GODPARENT/WITNESS: REQUESTOR: RELATIONSHIP TO RECORD HOL_ 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 Photo ID Verified: (Initial/date) Fee (If applicable) Paid: CA CK MO Processed by: Date Mailed/Picked up:	PLEASE CO	MPLETE ONE FORM F	PER CERTIFICATI	E REQUEST
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