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| In order to protect the privacy of the individual involved, certificates are only issued to the person to whom the record(s) is referring or a person who provides proof of parental authority, guardianship, power of attorney/personal representative, or other legal status on behalf of the person whose record(s) is requested. No official records are issued for genealogical purposes. A photo ID must be presented.  |

**Please complete the fields below:**

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| **Indicate sacramental record(s) requested: Baptism, First Communion, Confirmation, Marriage, other. If requesting marriage certificate, provide name of spouse.** |
| **Name or parish where sacrament performed:** | **Approximate date of sacrament:** |
| **Name of person who received the sacrament (first and last name):** |
| **Date of birth:** |
| **Name of father (first and last name):** |
| **Name of mother (first and maiden name):** |
| **Name of sponsor(s), if known:** |
| **Name of requestor:** |
| **Purpose of request:** |
| **Address (city, state, and zip code):** |
| **Phone number:** | **Email address:**  |
| **I hereby authorize the release of records indicated above and confirm I have legal authority to authorize such release.** ***Signature of named receipient or authorized recipient:***  |