|  |
| --- |
| 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:**

|  |  |  |
| --- | --- | --- |
| **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:*** | | |