

# Sacramental Records Request Form

\* Data needed to supply baptism record.

† Data needed to supply marriage certificates-record should not be sent without these fields completed.

Baptismal     First Communion     Confirmation     Marriage     Death

Date of Request: \_\_\_\_\_

\*† Parish: \_\_\_\_\_  
if other (military, overseas): \_\_\_\_\_

**\* † Name of Individual on Record:** \_\_\_\_\_

\* † Birthdate: \_\_\_\_\_

Baptism Date: \_\_\_\_\_

Baptized as an Infant  Yes     No

Parent Information

Father: \_\_\_\_\_  
Mother (include maiden name): \_\_\_\_\_

Minister: \_\_\_\_\_

Godparents: \_\_\_\_\_

Confirmation Date: \_\_\_\_\_

\* † Marriage Date: \_\_\_\_\_

Requester's Relationship to person named in  Self     Guardian if a minor     Other, please provide relationship below

**† Purpose of Request:** \_\_\_\_\_

\* † Send to: \_\_\_\_\_

\* † Address: \_\_\_\_\_

\* † City, State, Zip: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

\* † Email Address: \_\_\_\_\_