

**AUTHORIZATION TO RELEASE  
SACRAMENTAL INFORMATION**

I, \_\_\_\_\_ hereby authorize  
the parish of Our Lady of Guadalupe Church in the city of San Bernardino to release  
a copy of the sacramental record \_\_\_\_\_ for  
(Write the type of record)

\_\_\_\_\_ to \_\_\_\_\_  
(Name listed in the record) (Name of person/ Church receiving the record)

Note: I agree to hold harmless the named parish, the Catholic Diocese of San Bernardino and all persons connected with parish and Diocese from liability for releasing this information upon my request.

\_\_\_\_\_  
(Signature of Authorization) (Printed name of the signature)

\_\_\_\_\_  
(Complete mailing address)

\_\_\_\_\_  
(Telephone number) (e-mail address)

Return this completed form with a copy of your driver's license or equivalent personal identification to: Our Lady of Guadalupe Church 1430 West 5<sup>th</sup> Street San Bernardino, CA. 92411

- Note: The person who is authorizing the release of information must be:
1. The person named in the sacramental record;
  2. The parent of a child in the record;
  3. The spouse of the deceased person in the record.

Assistance: If you need assistance completing this form, please call our parish at  
(909) 888-0044 or (909) 884-8010

Received by: _____	Date: _____	Time: _____
Notes: _____		