

# Sacramental Record Request Form

First Name:

Last Name:

Email Address

Phone Number:

## Address

Street Address:

City:

State:

Zip:

## Full Name of person who received the sacrament:

Maiden Name (if applicable):

Person's Birth Date:

Date of Sacrament (Approximate):

## Name of Person's Parents

Father's Full Name:

Mother's Full Maiden Name:

## Reason for request

## Address to Mail Certificate

Street Address:

City:

State:

Zip:

## Acknowledgement Statement

I agree to the foregoing, and acknowledge that checking this box constitutes my electronic signature of this record.

### Acknowledgement Statement:

By checking the box above and submitting this form, I acknowledge I am over 18 years of age, and that I have truthfully and accurately completed this form including with respect to my identity and the purpose of my request. I acknowledge that Saint Olaf may, in its sole discretion, request further information from me in order to verify my identity and I agree to provide Saint Olaf with any further information requested prior to the release of any records. I consent to receive further communications pertaining to my request from Saint Olaf Catholic Church by email at the email address provided above. In addition, by checking the box above and as consideration for receiving any records in connection with my request, I agree, to the fullest extent allowed by law, to indemnify, defend and hold harmless the Pastor of the Saint Olaf Church and Saint Olaf Catholic Church, and their respective agents, representatives, and employees ("Saint Olaf") from and against all claims including without limitation claims for misuse of information and/or invasion of privacy, damages, losses and expenses that in any way arise out of or relate to the records that I receive from Saint Olaf or the Saint Olaf's disclosure of such records to me.