

## Roman Catholic Diocese of Phoenix SACRAMENTAL RECORDS RELEASE REQUEST

**Request Date:** \_\_\_\_\_

NAME OF PARISH (AND CITY, IF KNOWN) IN WHICH SACRAMENT WAS PERFORMED:

NAME OF SACRAMENT:    BAPTISM    MARRIAGE    COMMUNION    CONFIRMATION    OTHER

NAME AT THE TIME OF SACRAMENT:

APPROXIMATE DATE OF SACRAMENT:

DATE OF BIRTH:

NAME OF FATHER:

MAIDEN NAME OF MOTHER:

REQUESTOR:

ADDRESS:

CITY, STATE, ZIP:

DAYTIME TELEPHONE NUMBER:

SEND TO:

ADDRESS:

CITY, STATE, ZIP:

ATTENTION:

SIGNATURE: \_\_\_\_\_

(SIGNATURE OF NAMED RECIPIENT OF SACRAMENT OR AUTHORIZED RECIPIENT OF DOCUMENT)

*For Office Use Only*

Photo ID Verified:

Fee (if applicable) Paid:    CA    CK    MO

Processed by: \_\_\_\_\_

Date Mailed:

In order to protect the privacy of the individual involved, certificates are only issued to the parent of the child, or to the person to whom the records is referring. NO certificates are issued for genealogical purposes. Photo ID must be presented. (A nominal fee may be charged)