

St. Peter's Roman Catholic Church

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AUTHORIZATION OF RELEASE SACRAMENTAL INFORMATION

I, _____ hereby authorize the Roman Catholic
Please Print

Diocese of Gallup, New Mexico and St. Peter's Parish in Springerville, AZ to release to:

Name of Person or Organization: _____

Type of Certificate (s): _____

Approximate date (s) of Sacrament (s): _____

Name of Person on Certificate: _____

I agree to indemnify and hold harmless to the Roman Catholic Diocese of Gallup, its Bishop and successors in office, as well as the above-mentioned Parish, and all other persons connected with them, from any liability for releasing this information pursuant to my request.

Authorization Person Date

Proof of / ID: _____
(e. g. Driver's License)

Mailing Address: _____

FEE \$10.00: Received by _____ Cash ____ Check # _____ Receipt # _____

NOTE: *The person authorizing release should be:*

- *To person to whom the certificate relates.*
- *The parent, if the certificate relates to a minor child.*
- *The spouse or adult child if the person to whom the certificate relates is deceased.*



117 North Papago St.