

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 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: <input type="checkbox"/>	Fee (if applicable) Paid: CA CK MO
Processed by: _____	Date Mailed:

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