

**12.6 REQUEST FOR SACRAMENTAL RECORD SEARCH:**



I, \_\_\_\_\_ have read the guidelines for requesting sacramental record information, and agree to abide by all terms and conditions outlined.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Contact Information for Requester:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Relationship of Requester to Recipient:** \_\_\_\_\_

**Reason for Request:** \_\_\_\_\_

**Type of Request:** Baptism ( ) Confirmation ( ) Marriage ( ) Burial Rites ( )

**Request by:** Letter ( ) Phone ( ) E-mail ( ) In Person ( )

**Information Known About The Subject Of The Search:**

Name(s) On Record: \_\_\_\_\_

Date/Place Of Birth On Record: \_\_\_\_\_

Date/Place Of Death (if applicable): \_\_\_\_\_

Date/Place Of Sacrament (if known): \_\_\_\_\_

Name Of Priest Who Officiated (if known): \_\_\_\_\_

Name Of Father: \_\_\_\_\_

Name Of Mother: (include maiden name) \_\_\_\_\_

Other Information: \_\_\_\_\_  
\_\_\_\_\_

**ARCHIVES USE ONLY:**

**AUTHORIZATION:**

Did the baptism or confirmation take place over 100 years ago? YES ( ) NO ( ) UNKNOWN ( )

Did the marriage take place over 75 years ago? YES ( ) NO ( ) UNKNOWN ( )

*If 'No', please proceed to the following question:*

Has the person been deceased more than 20 years? YES ( ) NO ( ) UNKNOWN ( )

*If 'Yes' please attach a burial certificate.*

If 'No', do you have permission to obtain this information from the individual or the family?  
YES ( ) NO ( ) UNKNOWN ( )

If 'Yes', attach a letter of permission, signed and dated.



Date Of Request: \_\_\_\_\_

Action Taken: \_\_\_\_\_

Fees (If Any): \_\_\_\_\_

Date Of Action Taken: \_\_\_\_\_

Disposition Of Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_