

# Roman Catholic Diocese of Phoenix SACRAMENTAL RECORDS RELEASE REQUEST

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

NAME OF PARISH (AND CITY, IF KNOWN) IN WHICH SACRAMENT WAS PERFORMED:	
CIRCLE SACRAMENTS CELEBRATED AT THIS PARISH:	BAPTISM    CONFIRMATION    FIRST EUCHARIST    MARRIAGE
NAME AT TIME OF SACRAMENT:	
APPROXIMATE DATE OF SACRAMENT:	DATE OF BIRTH:
FULL NAME OF FATHER:	
FULL NAME OF MOTHER INCLUDING MAIDEN NAME:	
REQUESTOR:	
ADDRESS:	
CITY, STATE, ZIP:	
DAYTIME TELEPHONE NUMBER:	EMAIL ADDRESS:
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)**