

**Roman Catholic  
Diocese of Phoenix  
SACRAMENTAL RECORDS RELEASE REQUEST**

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

**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)**

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: