

Authorization for Release of Information for Sacramental Records

I, _____, hereby authorize
(Print Your Name)

_____ to release a copy of the record of
(Name of Parish)

_____ of _____
(Type of Records, i.e., Baptism, Marriage) (Name on Certificate)

from its sacramental registers to _____
(Name of Person/Institution Receiving the Certificate)

I agree to hold harmless the Diocese of Ogdensburg, the Roman Catholic Church, its dioceses, Bishops and their successors in office, the aforesaid parish and all other persons connected with them from any liability for releasing this information pursuant to my request.

Signature of Authorization

Printed Name of Person Signing Above

Mailing Address

City State Zip

Telephone Number with Area Code

E-mail Address (optional)

Note: The person authorizing release must be the person to whom the certificate relates, the parent if the certificate relates to a minor child or the spouse or adult child if the person to whom the certificate relates is deceased.

RETURN THIS COMPLETED FORM AND A COPY OF YOUR DRIVER'S LICENSE OR EQUIVALENT PHOTO IDENTIFICATION TO THE PARISH.

SACRAMENTAL RECORD REQUEST FORM

* Data needed to supply baptism record.

† Data needed to supply marriage certificates-record should not be sent without these fields completed.

*† Parish: _____

Record Type: BAPTISM MARRIAGE OTHER _____

*† Name of Individual on Record: _____

*† Birth Date: _____

Baptism Date: _____

Baptized as an Infant? YES NO I DON'T KNOW

Parents Information

Father: _____

Mother (include maiden name): _____

Name of Minister: _____

Godparents: _____

Confirmation Date: _____

† Marriage Date: _____

† Name of Spouse: _____

Requester's Relationship
to Person named in record: _____

*† Purpose of Request: My personal records *(no fee, copy of photo ID & Release required)*

Genealogical Research *(fee required)*

Yes No I have already contacted the Parish.

*† Send to: _____

*† Address, City/State/Zip: _____

*† Daytime Phone: _____

*† E-mail Address: _____

Other Notes or Clarifications: _____

Please send this completed Form,
with any required Fee, to the
parish.

Printed Name of Requester

Signature of Requester

Date