

*3801 E. Greenway Rd.*

*Phoenix, AZ 85032*

*Phone (602) 867-9171 | Fax (602) 482-7930*

**Sacramental Records Release Request**

Certificates are only issued to the parent of the child, or to the person to whom the record is referring. Photo ID must be presented. There is a suggested donation of $5.

Request Date: Date of Birth:

Type of Sacrament: Baptism Marriage Confirmation First Communion Other

Name at time of Sacrament:

Approximate Date of Sacrament:

Name of your Father:

Maiden name of Mother:

Requestor:

Address:

City, State, Zip:

Daytime Telephone Number:

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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:

Processed by:

Date Mailed:

Fee (if applicable) Paid: CA CK MO