



Saint Francis Xavier

CATHOLIC FAITH COMMUNITY

SACRAMENTAL RECORDS RELEASE REQUEST

Request Date: _____ Date of Birth: _____

Type of Sacrament: Baptism Marriage 1st Communion Confirmation Other

Name at time of Sacrament: _____

Approximate Date of Sacrament: _____

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 _____ 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.)