

Holy Family Parish
Request for Sacramental Records

Person Requesting Information

Full Name _____

E-mail _____

Address _____

Contact Phone Number _____

What is the relationship to the person you are requesting records for? i.e., parent, grandparent
_____ **Please note that NOT just anyone can request Sacrament information**

Sacrament Record request for

Full Name _____

Father's Name _____

Mother's Name (including Maiden Name) _____

Sponsor or Godparent name _____

Date of Birth: _____ Place of Birth _____

Reason for requesting this information: _____
We ask this question as records are confidential

Other:

Send record information to:

Name of Parish _____

Address of Parish _____

City _____ State _____ Zip Code _____

OR

The documents will be picked up by _____
This person must have proper ID to receive the document