

ESPIRITU SANTO CATHOLIC CHURCH SACRAMENTAL RECORD REQUEST FORM

AUTHORIZATION FOR RELEASE OF INFORMATION FROM SACRAMENTAL RECORDS

**** A COPY OF PHOTO IDENTIFICATION MUST ACCOMPANY THIS REQUEST ****

NOTE: THE PERSON AUTHORIZING RELEASE MUST BE THE PERSON NAMED IN THE RECORD, THE PARENT OF A MINOR CHILD, OR THE SPOUSE OR ADULT CHILD IF THE PERSON IS DECEASED. ANYONE ELSE MUST SHOW PROOF OF POWER-OF-ATTORNEY.

SACRAMENT: BAPTISM; FIRST HOLY COMMUNION; CONFIRMATION; MARRIAGE

NAME AT TIME OF SACRAMENT: _____

DATE OF BIRTH: ____/____/____ PLACE OF BIRTH: _____ APPROXIMATE DATE OF SACRAMENT: ____/____/____

FATHER: _____ / MOTHER'S FULL MAIDEN NAME: _____

REQUESTOR: _____ TELEPHONE: (_____) _____

REQUESTOR'S RELATIONSHIP TO PERSON NAMED IN RECORD: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

I AGREE TO HOLD HARMLESS THE DIOCESE OF ST. PETERSBURG, THE ROMAN CATHOLIC CHURCH, ITS DIOCESES, BISHOPS AND THEIR SUCCESSORS IN OFFICE, ESPIRITU SANTO CATHOLIC CHURCH AND ALL OTHER PERSONS CONNECTED WITH THEM FROM ANY LIABILITY FOR RELEASING THIS INFORMATION PURSUANT TO MY REQUEST.

SIGNATURE OF REQUESTOR: _____ DATE: ____/____/____

RETURN THIS COMPLETED FORM, A COPY OF YOUR PHOTO ID AND \$5 FEE (PAYABLE TO ESPIRITU SANTO) TO:
SACRAMENTAL RECORDS – ESPIRITU SANTO CATHOLIC CHURCH – 2405 PHILIPPE PKWY – SAFETY HARBOR, FL 34695

FOR OFFICE USE ONLY

ID TYPE:	\$5.00 FEE PAID	CHECK	CASH
PROCESSED BY:	DATE MAILED:		