



# Sacramental Record(s) Request

This form is to be sent to the parish where the sacrament was performed. If parish is unknown, make the request in writing with original signature by mail or in person to the Office of Archives and Records at 400 E. Monroe, Phoenix, AZ 85004. For more information, contact the Office of Archives and Records at 602-354-2475 or [archives@dphx.org](mailto:archives@dphx.org).

Request Date: \_\_\_\_\_

**In order to protect the privacy of the individual involved, certificates are only issued to the person whose record is requested, or a person who provides proof of parental authority, guardianship, power of attorney, executor/personal representative or other legal status on behalf of the person whose record is requested. NO official certificates are issued for genealogical purposes. Photo ID must be presented. (A nominal fee may be charged.)**

Indicate sacramental record(s) requested: Baptism, First Communion, Confirmation, Marriage, other. If requesting marriage certificate, provide name of spouse.

Name of parish in which sacrament was performed:

Name at the time of sacrament:

Approximate date of sacrament: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name of father:

First and maiden name of mother:

Name of sponsor(s) (if known):

Name of minister of the sacrament (if known):

Name of requestor:

Purpose of request:

Address:

City, state, zip:

Daytime phone number:

E-mail address (if any):

I hereby authorize the release of the records indicated above and confirm that I have the legal authority to authorize such release.  
  
Signature: \_\_\_\_\_  
(Signature of named recipient of sacrament or authorized recipient of document)

***For Office Use Only***

Processed by: \_\_\_\_\_ Date received: \_\_\_\_\_ Date completed: \_\_\_\_\_

Notes: