

St. Paul VI Parish

40 E. Burlington, Riverside, IL 60546

Sacramental Records Release Request

Name of Parish in which Sacrament was Performed: _____

Sacrament (please check): Baptism Marriage Communion Confirmation

Name at time of Sacrament: _____

Approximate Date of Sacrament: _____ Date of Birth: _____

Name of Father: _____

Maiden Name of Mother: _____

Requestor: _____

Address: _____

Daytime Telephone Number: _____

Email Address: _____

Send to: _____

Address: _____

Attention: _____

Signature: _____
(Signature of Named Recipient of Sacrament or Authorized Recipient of Document)

FOR OFFICE USE ONLY

Date Request Received: _____ Date Certificate Mailed: _____ ID Type: _____

Notes: _____

**PROPER DOCUMENTATION AND A COPY OF A PHOTO ID
MUST ACCOMPANY THIS FORM TO RECEIVE A CERTIFICATE.**