AUTHORIZATION FOR RELEASE OF INFORMATION
FROM SACRAMENTAL RECORDS

Request Date: _____

CHURCH IN WHICH SACRAMENT WAS PERFORMED: _____

NAME OF SACRAMENT (circle one): BAPTISM MARRIAGE OTHER

NAME AT TIME OF SACRAMENT: _____

APPROXIMATE DATE OF SACRAMENT: _____

DATE OF BIRTH: _____

NAME OF PARENTS (include mother's maiden name):

_____

REQUESTOR: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
DAYTIME PHONE NUMBER: _____

I agree to hold harmless the Archdiocese of New Orleans, the Roman Catholic Church, its Dioceses, Bishops and their successors in office, the aforesaid parish and all other persons connected with them from any liability for releasing this information pursuant to my request.
SIGNATURE OF AUTHORIZATION:

x_____

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

Note: The person authorizing release must be the person named in the record or the parent of a minor child. Anyone else must show proof of power-of-attorney.

Fee: $5.00 per certificate request.

RETURN THIS FORM ALONG WITH A CHECK OR MONEY ORDER PAYABLE TO:
Archdiocese of New Orleans

Mail Request to: Archives – Sacramental Records Request
Archdiocese of New Orleans
7887 Walmsley Ave.
New Orleans, LA 70125-3496