

**AUTHORIZATION FOR RELEASE OF INFORMATION
FROM SACRAMENTAL RECORDS**

Request Date: _____

CHURCH PARISH 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: _____

EMAIL: _____

PLEASE CHECK ONE: **MAIL CERTIFICATE** _____ **PICK UP FROM PARISH OFFICE** _____

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:

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