Roman Catholic Diocese of Fresno - Msgr. James H. Culleton Archives

APPLICATION FOR PERSONAL OR FAMILY HISTORY INFORMATION

The verification will be mailed to the requestor's home parish or the nearest Catholic Church. This is to protect individual's privacy and prevent identity theft issues. If the person retrieving the sacramental information is not known to the parish staff, they will be asked for identification.

Applicant's Name:_____ Date: _____

Mailing Address: _____

Phone: _____ Email: _____

Your relationship to person that Archives will be researching: _____

Your Catholic Diocese: _____

Your parish or Catholic Church near you:_____

ONE PERSON/NAME PER SHEET (Make as many copies of this form as necessary)

Name of the person to be researched: _____

Date and place of birth:_____

Father's name: _____ Mother's name w/ maiden name: _____

Sacrament/record requested. Include the date or year the sacrament was administered:

☐ Baptism_____ ☐ Communion _____ ☐ Confirmation _____

☐ Marriage (*include spouse*) _____ ☐ Death _____

Church and City were sacrament took place _____

Name of Clergy or Godparent/Sponsor/Witness: _____

Where the person to be researched was living at the time of the sacrament:_____

Please use the back of this form or additional pages for added information.

Your inquiry will be researched as time permits. A $20.00 fee is requested for researching one to five names in one family for genealogy or family history purposes. THERE IS NO FEE FOR SACRAMENTAL INFORMATION TO MEET CHURCH REQUIREMENTS.

Make checks payable to the Diocese of Fresno. Mail this form and the check to:

Diocese of Fresno
Msgr. Culleton Archives
1550 N. Fresno Street
Fresno, CA 93705.

If the request is TO MEET CHURCH REQUIREMENTS, there is no fee. You can either mail this document to the address above or email it to archives@dioceseoffresno.org.

Questions? Email: archives@dioceseoffresno.org. Phone: 559-488-7499 or 559-488-7400 (receptionist)

Please note, the information provided is confidential. You are attesting that you are the person being researched or is related to the person researched.

Signature: _____