

# ARCHDIOCESE OF CHICAGO

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## SACRAMENTAL RECORDS RELEASE REQUEST

### Request Date:

NAME OF PARISH IN WHICH SACRAMENT WAS PERFORMED:	
NAME OF SACRAMENT: BAPTISM MARRIAGE COMMUNION CONFIRMATION OTHER	
NAME AT TIME OF SACRAMENT:	
APPROXIMATE DATE OF SACRAMENT:	DATE OF BIRTH:
NAME OF FATHER:	
MAIDEN NAME OF MOTHER:	
REQUESTOR:	
ADDRESS:	
CITY, STATE, ZIP:	
DAYTIME TELEPHONE NUMBER:	
SEND TO:	
ADDRESS:	
CITY, STATE, ZIP:	
ATTENTION:	
SIGNATURE: _____ (SIGNATURE OF NAMED RECIPIENT OF SACRAMENT OR AUTHORIZED RECIPIENT OF DOCUMENT)	

### For Office Use Only

ID Type:	Fee Paid: CA CK MO
Researcher:	Date Mailed:

The non-refundable processing fee of \$10.00 *per certificate* and a copy of a state-issued photo ID must accompany this form. Certificate requests made for genealogical purposes are \$20.00. Certificates provided for dual-citizenship are \$50.00. Cash, cashier's checks, or money orders are acceptable forms of payment. Unfortunately, no personal checks will be accepted. Make cashier's checks or money orders payable to the Archdiocese of Chicago.