



DIocese OF SPRINGFIELD IN ILLINOIS
OFFICE FOR ARCHIVES AND RECORDS MANAGEMENT

SACRAMENTAL RECORDS RELEASE FORM

REQUEST DATE: _____

SACRAMENT: Baptism Marriage Communion Confirmation

CITY and PARISH of sacrament: _____

NAME at time of sacrament: _____

DATE of Sacrament: _____ DATE of Birth: _____

NAME OF FATHER: _____

MOTHER (include Maiden Name): _____

REQUESTOR: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____ EMAIL: _____

SEND TO ADDRESS (if different from above):

CITY, STATE, ZIP: _____

ATTENTION: _____

SIGNATURE: _____

(SIGNATURE OF NAMED RECIPIENT OF SACRAMENT OR AUTHORIZED RECIPIENT OF DOCUMENT)

This form is for personal sacramental records ONLY, for genealogy requests see our website at archives.dio.org/services/genealogy.html. A copy of a state issued photo ID must accompany this form. Certificate requests require a payment of \$10.00. Cashier's checks, money orders and credit cards are acceptable forms of payment. Unfortunately, personal checks are not acceptable. Please make cashier's checks & money orders payable to the Diocese of Springfield in Illinois.