

SACRAMENTAL RECORDS RELEASE REQUEST

Please allow a minimum of 4 days for an answer to your 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: _____ Email: _____

Send to: _____

Address: _____

City, State, ZIP: _____

Attention: _____

Signature: _____ (signature of recipient of Sacrament or other authorized recipient of document)

Print form and deliver to church office, or:

Fax to (405) 741-0531, or

Scan and attach to email to parish@stphilipnerimwc.org , or

Mail to: St Philip Neri Church, 1107 Felix Place, Midwest City OK 73110