



## SACRAMENTAL RECORDS RELEASE REQUEST

### *Holy Name Cathedral*

Request Date: \_\_\_\_\_

Name of Sacrament: Baptism, Marriage, Communion, Confirmation, Other  
(Please circle one or more for request)

Name at time of Sacrament: \_\_\_\_\_

Approximate Date of Sacrament: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name including Maiden Name: \_\_\_\_\_

Name of individual requesting record: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Send records to: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_

(Signature of authorized recipient of document)

**Please note:** There is a non-refundable fee of \$10.00 per certificate and a copy of a photo identification must accompany this form. Cash or Checks made out to Holy Name Cathedral are acceptable forms of payment.

**Please send form and payment to:** Holy Name Cathedral, Attn: Dawn Swanson/  
Sacramental Records Request 730 N. Wabash/Chicago, IL 60611

#### Office Use Only

ID Type: \_\_\_\_\_ Fee Paid: \_\_\_\_\_

Researcher: \_\_\_\_\_ Date Mailed: \_\_\_\_\_