

SAINT ANTHONY OF PADUA
AUTHORIZATION FOR RELEASE OF INFORMATION
FROM SACRAMENTAL RECORDS

Request Date: _____

CHURCH IN WHICH SACRAMENT WAS PERFORMED: _____

NAME OF SACRAMENT (circle one): **BAPTISM** **MARRIAGE** **SPONSOR CERTIFICATE**

NAME AT TIME OF SACRAMENT: _____

APPROXIMATE DATE OF SACRAMENT: _____

DATE OF BIRTH: _____

NAME OF PARENTS (include mother's maiden name):

Mother _____ Father _____

REQUESTOR: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

DAYTIME PHONE NUMBER: _____

I agree to hold harmless the Archdiocese of Rockville Centre, the Roman Catholic Church, its Dioceses, Bishops and their successors in office, the aforesaid parish and all other persons connected with them from any liability for releasing this information pursuant to my request.

SIGNATURE OF AUTHORIZATION:

A COPY OF PHOTO IDENTIFICATION MUST ACCOMPANY THIS REQUEST

Note: The person authorizing release must be the person named in the record, the parent of a minor child, or the spouse or adult child if the person is deceased. Anyone else must show proof of power-of-attorney.

RETURN THIS FORM TO: St. Anthony of Padua, 20 Cheshire Place, E. Northport, NY 11731 Attention: Parish Secretary