

# SACRAMENTAL RECORDS REQUEST FORM

I, \_\_\_\_\_ ,

hereby request a copy of my record of \_\_\_\_\_ [name of sacrament].

I was born on \_\_\_\_/\_\_\_\_/\_\_\_\_ and received sacrament on

\_\_\_\_/\_\_\_\_/\_\_\_\_ under the name \_\_\_\_\_

[use maiden name if applicable] at St. Paul Catholic Church of in the city of

Seattle, Washington by the Rev. \_\_\_\_\_ .

My father's name is \_\_\_\_\_, and my

mother's name is \_\_\_\_\_ [use maiden name].

I declare that I am not requesting the sacramental record of another individual, and

I understand that to do so violates the access policies of the Archdiocese of Seattle.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_  
Signature Date

\_\_\_\_\_  
Street address City/Town State Zip Code

\_\_\_\_\_  
Telephone Email Address

Please print form and include a photocopy of your government issued photo ID.

Mail to:

St. Paul Catholic Church  
5600 S Ryan St.  
Seattle, WA 98178