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Request date: _____

Name of Parish and/or Location:

SACRAMENTAL RECORDS REQUEST FORM

	D / DET C	14.55.455		
Register (circle one):		MARRIAGE	DEATH	
Name at Time of Sacrament:				
Approximate Date of Sacrament:				
Date of Birth and/or Date of Death:				
Date of Marriage and Spouse's Name:				
Name of Father:				
Maiden Name of Mothe	er:			
Requestor:				
Address:				
City, State, Zip:	or E mail Address			
Telephone Number and	oi E-mail Address			
Comments: (Attach separate page if necessary)				
Commenter (criterio page in necessary)				
Authorized Signature:				
Condit Condinformation				
Credit Card information	1.			
Name on card:				
Credit Card #:			Exp. Date:	
		For Office Use	Only	
Payment Method:				
Date Request Completed and Mailed:				