

DIOCESE OF COVINGTON
SACRAMENTAL RECORD RELEASE AUTHORIZATION

Parish in which Sacrament was celebrated: _____

Sacrament : Baptism ___ Confirmation ___ Marriage ___ Death ___

Name at time of Sacrament: _____

Date of birth: _____ Approximate date of Sacrament: _____

Name of Father: _____

Maiden name of Mother: _____

Your name: _____

Current
address: _____

I request the Sacramental Certificate to be sent to the above address: yes ___ no ___

If no, Address Sacramental Certificate to be sent _____

If this record is being requested as part of a canonical investigation for another Sacrament, please give name and address of the parish that is investigating:

(The Sacramental Certificate will be sent to the investigating parish unless the person of record requests that it be sent to his/her address)

I hereby certify that I am the person of record of the requested Sacramental record, or the legal guardian or next of kin of said person. I authorize the Diocese of Covington Archives to mail a Sacramental Certificate to the address requested above or to the investigating parish.

Signature: _____ Date: _____

Please mail this completed form to:
Diocese of Covington Archives
1125 Madison Ave
Covington, Kentucky 41011-3115
(859) 538-1176

For office use only:

Date received: _____ Date certificate mailed: _____