DIOCESE OF COVINGTON
SACRAMENTAL RECORD RELEASE AUTHORITZATION

Parish in which Sacrament was celebrated:_____

Sacrament (circle): 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 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
P.O. Box 15550
Covington, Kentucky 41015-0550
(859) 538-1176

For office use only:
Date received:_____ Date certificate mailed:_____