Roman Catholic Diocese of Phoenix
SACRAMENTAL RECORDS RELEASE REQUEST

Date of Request: _____ Date Records Needed by:_____

Reason for Request:

☐ Personal records (copy of photo ID required with form)

☐ Sacramental Preparation (NO photo ID required. Forms sent directly to church provided below)

Name of Parish: **ST. TIMOTHY CATHOLIC CHURCH**, Mesa, Arizona

Indicate sacramental record(s) requested: ☐ Baptism ☐ 1st Eucharist ☐ Confirmation ☐ Marriage ☐ Other _____

Full Name at time of Sacrament (First, Middle, Last): _____

Approximate Age at Baptism: _____ Date of Birth: _____

Full Name of Father: (First, Middle, Last): _____

Full Maiden Name of Mother: (First, Middle, Last): _____

Full Name of sponsor(s): _____

Name of minister of the sacrament (if known): _____

Requestor: (must be minimum 18 years old) _____

Address: _____

City, State, Zip: _____

Daytime telephone number: _____

Email Address: _____

Send to: (name of church) _____ **OR** ☐ Requestor (photo ID required)

Attention (name/department) _____

Address: _____

City, State, Zip: _____

I hereby authorize the release of the records indicated above and confirm that I have the legal authority to authorize such release. A fax, scan or photography of this signed authorization shall have the same effect as an original.

Signature: _____

FOR OFFICE USE ONLY

Photo ID verified: ☐ Fee (if applicable) Paid: ☐

Processed by: _____ Date Mailed: _____

Please print, sign, scan, and email form to: sacramentalrecords@sttimothymesa.org or MAIL hard copy to: St. Timothy Catholic Church, 1730 W. Guadalupe Rd., Mesa, AZ 85202 ATTN: Sacramental Records Requests