

ST. TIMOTHY CATHOLIC CHURCH, MESA, ARIZONA
Roman Catholic Diocese of Phoenix
SACRAMENTAL RECORDS RELEASE REQUEST

Instructions for completion of form:

- Sacramental record requests are made through the parish where the person was baptized. This form is ONLY for those baptized at St. Timothy Catholic Church. To request a Baptismal Certificate with notations of other sacraments received for:
 - Someone over the age of 18, the requestor must be self or provide proof of guardianship, power of attorney, or executor status.
 - Someone under the age of 18, the requestor must be the parent or guardian of a minor child.
- For any Baptismal Certificate that is NOT sent directly to a church, a copy of the requestor's photo ID must be submitted along with this form.

Date of Request: _____

Reason for Request:

Date Records Needed by: _____
(allow at least two weeks for processing)

Personal records (copy of photo ID required with form)
Sacramental Preparation (NO photo ID required. Forms sent directly to church provided below)

Indicate sacramental record(s) requested: Baptism Marriage 1st Eucharist Confirmation 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. Electronic signature is not acceptable.

Signature: _____

FOR OFFICE USE ONLY

Photo ID verified:
Processed by: _____

Fee (if applicable) Paid:
Date Mailed: _____

Please print, sign, scan, and email form (along with copy of photo ID, if applicable) to: sacramentalrecords@sttimothymesa.org or MAIL hard copy to: St. Timothy Catholic Church, 1730 W. Guadalupe Rd., Mesa, AZ 85202 ATTN: Sacramental Records Requests