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 18 years or older, 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 the minor child.
- For all sacramental records requests, a copy of the requestor's photo ID must be submitted along with this form.

Date of Request: _____

Date Records Needed by:_____

(allow at least two weeks for processing)

Reason for Request:

☐ Sacramental Preparation (form sent directly to church provided below)

☐ Personal records (form sent to requestor)

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) to: sacramentalrecords@sttimothymesa.org or MAIL hard copy to: St. Timothy Catholic Church, 1730 W. Guadalupe Rd., Mesa, AZ 85202 ATTN: Sacramental Records Requests