

**AUTHORIZATION FOR RELEASE OF INFORMATION
FROM SACRAMENTAL RECORDS**

Request Date: _____

CHURCH IN WHICH SACRAMENT WAS PERFORMED: _____

NAME OF SACRAMENT (circle one): BAPTISM MARRIAGE OTHER: _____

NAME AT TIME OF SACRAMENT: _____

APPROXIMATE DATE OF SACRAMENT: _____

DATE OF BIRTH: _____

NAME OF PARENTS (include mother's maiden name):

REQUESTOR: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

DAYTIME PHONE NUMBER: _____

ALTERNATE PHONE NUMBER: _____ I agree to hold

harmless the Archdiocese of San Francisco, the Roman Catholic Church, its Dioceses, Bishops and their successors in office, the aforesaid parish and all other persons connected with them from any liability for releasing this information pursuant to my request.

SIGNATURE OF

AUTHORIZATIONX _____

****A COPY OF PHOTO IDENTIFICATION MUST ACCOMPANY THIS REQUEST****

Note: The Person authorizing release must be the person named in the record, the parent of a minor child, or the spouse or adult child if the person is deceased. Anyone else must show proof of power-of-attorney.

Fee: \$10.00 per certificate request.

RETURN THIS FORM ALONG WITH A CHECK OR MONEY ORDER PAYABLE TO:

Church of the Visitation
655 Sunnydale Ave.
San Francisco, CA 94134