

ST. PATRICK CHURCH
1507 TROTTER RD. LARGO, FL. 33770

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Sacramental Record Request Form

APPENDIX D

SACRAMENTAL REQUEST FORM

AUTHORIZATION FOR RELEASE OF INFORMATION RECORDS FROM SACRAMENTAL RECORDS

Request Date REQUIRED

Church in which Sacrament was performed REQUIRED

Name of Sacrament REQUIRED

Name at Time of Sacrament REQUIRED

Date of Sacrament (Approximate) REQUIRED

Date of Birth REQUIRED

Name of Parents (Include Mother's maiden name) REQUIRED

Requester Address REQUIRED

City REQUIRED

State

Zip

Requestor Email REQUIRED

Requestor Phone Number REQUIRED

I agree to hold harmless the Diocese of St. Petersburg, 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 Authorization REQUIRED

**** A COPY OF PHOTO IDENTIFICATION
MUST ACCOMPANY THIS REQUEST **
(A nominal fee may be charged)**

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

FOR OFFICE USE ONLY

ID Type:

Fee Paid: CA CK MO

Researcher:

Date Mailed:

SUBMIT

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