

**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 New Orleans, 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

X \_\_\_\_\_

**\*\*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:

St. Louis Cathedral  
615 Pere Antoine Alley  
New Orleans, LA 70116