



# Diocese of Springfield in Illinois

Catholic Pastoral Center • 1615 West Washington • Springfield, Illinois 62702-4757  
www.dio.org (217) 698-8500 Fax: (217) 698-0802

Office for Archives and Records Management

## SACRAMENTAL RECORDS RELEASE REQUEST

**Request Date:**

NAME OF PARISH IN WHICH SACRAMENT WAS PERFORMED:	
NAME OF SACRAMENT: BAPTISM MARRIAGE COMMUNION CONFIRMATION OTHER	
NAME AT TIME OF SACRAMENT:	
APPROXIMATE DATE OF SACRAMENT:	DATE OF BIRTH:
NAME OF FATHER:	
MAIDEN NAME OF MOTHER:	
REQUESTOR:	
ADDRESS:	
CITY, STATE, ZIP:	
DAYTIME TELEPHONE NUMBER:	
SEND TO:	
ADDRESS:	
CITY, STATE, ZIP:	
ATTENTION:	
SIGNATURE: _____ (SIGNATURE OF NAMED RECIPIENT OF SACRAMENT OR AUTHORIZED RECIPIENT OF DOCUMENT)	

**For Office Use Only**

ID Type:	Fee Paid: CA CK MO
Researcher:	Date Mailed:

A copy of a state-issued photo ID must accompany this form. Certificate requests made for genealogical purposes are \$20.00. Cash, cashier's checks, money orders or credit cards are acceptable forms of payment. Unfortunately, no personal checks will be accepted. Make cashier's checks or money orders payable to the Diocese of Springfield in Illinois.