



Diocese of Springfield in Illinois

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Office for Archives and Records Management

SACRAMENTAL RECORDS RELEASE REQUEST

Request Date:

CITY AND 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.