



# Authorization for Release of Information from Sacramental Records

REQUEST DATE: \_\_\_\_\_

## NAME OF SACRAMENT:

BAPTISM

NAME AT TIME OF SACRAMENT

COMMUNION

CONFIRMATION

DATE OF BIRTH

MARRIAGE

DEATH

APPROXIMATE DATE OF SACRAMENT

## NAME OF PARENTS:

\_\_\_\_\_  
MOTHER'S NAME

\_\_\_\_\_  
(MAIDEN NAME)

\_\_\_\_\_  
FATHER'S NAME

\_\_\_\_\_  
REQUESTOR

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
EMAIL

I agree to hold harmless the Archdiocese of Newark, the Roman Catholic Church, its Diocese, Bishops, and their successors in the 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: \_\_\_\_\_

**\*\* A Copy of Government Issued Photo Identification must accompany this request\*\***

*Note: The person authorizing release must be the person name on 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.*

**RETURN THIS FORM TO:**

Saint Teresa of Avila Parish  
306 Morris Avenue, Summit, NJ 07901

**A \$10 DONATION IS REQUESTED.**

*Please allow 7-10 business days to process the request.*

