



Authorization for Release of Information for Sacramental Records

REQUEST DATE: _____

REQUESTOR INFORMATION:

REQUESTOR

ADDRESS

CITY

STATE

ZIP

PHONE

EMAIL

NAME AT THE TIME OF THE SACRAMENT

APPROXIMATE DATE OF SACRAMENT

DATE OF BIRTH

SACRAMENT:

BAPTISM

COMMUNION

CONFIRMATION

MARRIAGE

DEATH

PARENTS NAMES:

MOTHER'S NAME (INCLUDE MAIDEN NAME)

FATHER'S NAME

A copy of Government issued photo identification must accompany this request.

Note: The person authorizing release must be the person named on record, the parent of a minor child, or the spouse of an adult child (if the person is deceased).

Any other requester must show proof of power-of-attorney.

Return this form by mail to

*Saint Teresa of Avila, 306 Morris Avenue, Summit NJ 07901
or by email to office@stteresaavila.org.*

**A \$10 donation for administrative costs is requested by check or online <https://ff-sta.churchcenter.com/giving>
Please allow 7-10 business days to process the request.**

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:

