

# SACRAMENTAL RECORDS RELEASE REQUEST

Notre Dame de Chicago • 1335 W. Harrison Street • Chicago, IL 60607  
(312) 243-7400 • Fax #(312) 243-7614 • email: nddechgo@aol.com

CERTIFICATE OF: <input type="checkbox"/> Baptism <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage	
NAME OF PARISH WHERE SACRAMENT WAS RECEIVED:	
APPROXIMATE DATE OF SACRAMENT:	DATE OF BIRTH:
NAME AT THE TIME OF SACRAMENT:	
FATHER'S NAME:	
MOTHER'S NAME (First & Maiden Name):	

PLEASE CHECK APPROPRIATE BOX:	To be mailed <input type="checkbox"/>	Pick up <input type="checkbox"/>
REQUESTOR:		
ADDRESS:		
CITY, STATE, ZIP:		
DAYTIME TELEPHONE NUMBER:		
WHAT IS YOUR RELATIONSHIP TO THE ABOVE PERSON:		
SIGNATURE: _____ (Signature of named recipient of sacrament or authorized recipient of document)		

SEND TO (If different from above):
ADDRESS:
CITY, STATE, ZIP:

**A copy of a photo identification must accompany this form. There is no required fee. Donations are very much needed and greatly appreciated.**

*For office use only*

ID Type:	Donation:
Prepared by:	Completion date: