

Church of the Holy Spirit
 1800 E. Libra Drive • Tempe, AZ 85283 • Office: 480-838-7474 • Fax: 480-838-6720
Sacramental Records Release Request

Request Date:
Name of Sacrament: BAPTISM COMMUNION CONFIRMATION MARRIAGE
Name at time of Sacrament:
Approximate date of Sacrament:
Date of birth:
Name of Father:
Maiden name of Mother:
Requestor:
Address:
City, State, Zip code:
Daytime telephone number:
Send to:
Address:
City, State, Zip code:
Attention:
Signature: _____ <div style="text-align: center; font-size: small;">(Signature of named recipient of Sacrament or authorized recipient of document.)</div>

For Office Use Only:

Photo ID Verified

Processed by: _____

Date Mailed: _____

In order to protect the privacy of the individuals involved, certificates are only issued to the parent of the child, or to the person to whom the record is referring. No certificates are issued for genealogical purposes. Photo ID must be presented.