



The **Catholic Community** of **Saints Peter & Paul**

REQUEST FOR RELEASE OF SACRAMENTAL RECORDS

For additional information please visit spphoboken.com

Request Date: _____

Name of Sacrament: _____

Baptism Communion Confirmation Marriage Death

Certificate Holder's Name at time of Sacrament: _____

Approximate date of Sacrament: _____

Date of Birth: _____ Living Deceased

Mother's Name: _____ Father's Name: _____

(including maiden)

Requestor: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Relationship to certificate holder (i.e. mother/father): _____

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 ***

Return this form to:

Ss. Peter and Paul Church
404 Hudson Street, Hoboken, NJ 07030
Attention: Parish Secretary

A \$10 donation is requested.

(Please allow 7-10 business days to process the request)