



## SACRAMENTAL RECORDS REQUEST FORM

I, \_\_\_\_\_,

hereby request a copy of my record of \_\_\_\_\_ [name of sacrament]. I was

born on \_\_\_\_/\_\_\_\_/\_\_\_\_ and received sacrament on \_\_\_\_/\_\_\_\_/\_\_\_\_ under the name

\_\_\_\_\_ [use maiden name if applicable] at the church of

\_\_\_\_\_ in the city of

\_\_\_\_\_, Washington by the Rev. \_\_\_\_\_.

My father's name is \_\_\_\_\_, and my mother's

name is \_\_\_\_\_ [use maiden name].

I declare that I am not requesting the sacramental record of another individual, and I understand that to do so violates the access policies of the Archdiocese of Seattle.

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature Date

\_\_\_\_\_  
Street address City/Town State Zip Code

\_\_\_\_\_  
Telephone Email Address

Please print form and include a photocopy of your government issued photo ID with a check made payable to CCAS for administrative fee (\$20.00 per record). Mail to:

Archives of the Archdiocese of Seattle  
710 9th Avenue  
Seattle, WA 98104

This form, together with the photocopy of your photo ID, can also be emailed to:  
archives@seattlearch.org