

***Diocesan Archives Record Request – Diocese of Davenport***

Requests for sacramental records are first to be made to the parish where the sacrament was celebrated. If the parish is unable to locate the sacramental record, and for all other requests, fill out this form and follow the instructions below.

*Replacement* sacramental certificates will contain the diocesan seal and the signature of the chancellor or bishop.

Due to confidentiality, **identification is required from the requester and, when applicable, the person to be researched.** Forms of ID accepted are driver’s license, state issued ID and passport.

Send this completed/signed form, **and ID** copies to: Attn: Archives, Diocese of Davenport, 780 W Central Park Avenue, Davenport IA 52804 or scan and email to [butterworthb@davenportdiocese.org](mailto:butterworthb@davenportdiocese.org).

Question? Call 563-324-1911 and ask for Archives. *Please allow at least 30 days for requests to be completed.*

Records containing personally identifiable information should not be shared without the written consent from the person whose record is being requested or their legal representative. After a person has died there is less expectation of privacy. However, the privacy of persons still living who are related to the deceased must be considered. See *Sacramental Records Handbook of Policies and Procedures*, §IV-703 - Confidentiality

**Name of requester:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Day Phone:** \_\_\_\_\_

**Relationship to person being researched:** \_\_\_\_\_

**Person to be researched:** Check if deceased  **Date of death:** \_\_\_\_\_

**Last name:** \_\_\_\_\_ **First name:** \_\_\_\_\_

**Maiden name (if applicable):** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Father’s last name:** \_\_\_\_\_ **Father’s first name:** \_\_\_\_\_

**Mother’s last name:** \_\_\_\_\_ **Mother’s first name:** \_\_\_\_\_

**Mother’s maiden name:** \_\_\_\_\_

**Record requested:**  Baptism  Confirmation  Marriage  Death/Burial

Other: \_\_\_\_\_ **Date of sacrament (approximate if not known):** \_\_\_\_\_

**Location where sacrament occurred:**

**Name of church:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Reason for request:**  Confirmation  Marriage  Holy Orders  Genealogy  Other \_\_\_\_\_

**Additional information:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Signature of requester:* \_\_\_\_\_  
*I grant the requester access to my records:* \_\_\_\_\_  
*Signature, if applicable, of person whose record is to be researched.*