

Child

ST. MATTHEW CATHOLIC CHURCH
10703 WURZBACH ROAD
SAN ANTONIO, TEXAS, 78230
(210) 478-5000 FAX (210) 696-8858

_____ date

_____ name

_____ address

_____ city/state/zip

I, _____, hereby authorize the Roman Catholic
(your name)
Archdiocese of San Antonio and St. Matthew Catholic Church, San Antonio, Texas, to
release a copy of _____
(your child's name)

(please circle) BAPTISMAL--COMMUNION--CONFIRMATION CERTIFICATE(S) to me.

I agree to indemnify and hold harmless the Roman Catholic Archdiocese of San Antonio, its Bishop and successors in office, the aforesaid parish and all other persons connected with them from any liability for release of this information pursuant to my request.

Date of Birth (of child you are requesting the certificate(s) for): _____

Father's Name: _____

Mother's Name (**FIRST & MAIDEN**): _____

(Authorized Signature)

PROOF OF ID
(Driver's License)
PLEASE PROVIDE COPY OF ID

Phone # _____