

## Authorization for Release of Information

I, \_\_\_\_\_, hereby authorize the Roman Catholic  
(Print Your Name)

**Diocese of Fargo to release a copy of the record of**

\_\_\_\_\_ of \_\_\_\_\_  
(Type of Records, i.e., Baptism, marriage) (Name on Certificate)

**from the sacramental registers of** \_\_\_\_\_  
(Name of Parish)

**Catholic Church to** \_\_\_\_\_  
(Name of Person/Institution Receiving the Certificate)

*I agree to hold harmless the Diocese of Fargo, the Roman Catholic Church, its Dioceses, Bishops and their successors in 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

\_\_\_\_\_  
Printed Name of Person Signing Above

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone Number with Area Code

\_\_\_\_\_  
Email Address (Optional)

**\*Note: The person authorizing release must be the person to whom the certificate relates, the parent if the certificate relates to a minor child or the spouse or adult child if the person to whom the certificate relates is deceased.**

**RETURN THIS COMPLETED FORM AND A COPY OF YOUR DRIVERS LICENSE OR EQUIVALENT PHOTO IDENTIFICATION TO:**

<p><b>Archives Diocese of Fargo 5201 Bishops Blvd. Ste. A Fargo, ND 58104</b></p>
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