

SAINT ANN ROMAN CATHOLIC CHURCH

Request for Release of Sacramental Records

Date: _____

Sacramental record requested:

Baptism

Communion

Confirmation

Marriage

Certificate Holder's Name at time of Sacrament: _____

Approximate date of Sacrament: _____

Date of Birth: _____

Living

Deceased

Mother's Name (including Maiden): _____

Father's Name: _____

Requestor Name: _____

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 a Government Issued Photo Identification must accompany this request****

Return this form to:

*Saint Ann Catholic Church
Attention: Parish Secretary
704 Jefferson Street
Hoboken, NJ 07030*

\$10.00 donation is requested

**Pay via check (made payable to Saint Ann) or
via ACH/Credit Card using our Online Giving
(select fund #02-07 Sacramental Record Request Donation)**

Please allow 7-10 business days to process the request