

St. Joseph Catholic Church

745 Ezzard Charles Drive

Cincinnati, Ohio 45203

Phone: (513) 381-4526 Fax: (513) 381-5244

Sacramental Records Release Form

Form Completed by: _____ Request Date: _____

Type of Request: _____

(Baptism, Confirmation, Marriage—indicate each applicable)

Reason for Request: _____

Name of Person who received sacrament: _____

Date of Birth: _____

Approximate Dates (s) of Sacraments: _____

Church where sacrament(s) received: _____

Location of Church: _____

Other information noted: (e.g., parent names, spouse names: _____

Requestor: _____

Requestor Address: _____

Requestor Phone Number: _____

Requestor email (if known: _____

Send to (If other than requestor): _____

Verification: _____ Certificate Sent: _____

Note: To protect the privacy of the individual involved, certificates are only issued to the adult child, the parent of the child, or to the church requesting this verification.

SRR: 05/22/2019