

REQUEST FOR RECORDS

Date Received: (for office use) _____

Day Month Year

Name Researching: _____

Other Spellings: _____

Father: _____

Mother: _____

Date of Birth: _____ Date of Death: _____

Spouse: _____

Other Spellings: _____

Date of Birth of Spouse: _____ Date of Death: _____

Date of Marriage: _____

Sacramental Records Requesting:

Baptism _____ Marriage _____ Death _____

RESEARCH RECORD:

Date _____ Time Started _____ Time Ended _____

Date _____ Time Started _____ Time Ended _____

Date _____ Time Started _____ Time Ended _____

Date _____ Time Started _____ Time Ended _____

Person Requesting Records: _____

Address: _____

Telephone: Cell _____ Work; _____

Home: _____

Email: _____