



**ARCHDIOCESE OF HARTFORD
ARCHIVES**

**SACRAMENTAL RECORD REQUEST FORM:
CONFIRMATION CERTIFICATE**

Contact Information

(Person making the request)
[please print]

Name:

Last First M.I.

Address:

Street name & number Apt/Ste/Rm #

City/Town State Zip Code

Phone number:

Area Code Number (Extension)

Email (optional):

Relationship to person whose record is requested:

(If record is your own, write in: SELF; if an official authority, please indicate as such)

Certificate will only be issued for valid official reasons

Reason for request:

(-over-)

Confirmation Record

(Person whose record you are requesting)

Please complete form as thoroughly as possible

(* = Information required for search)

***Name of Candidate:**

Last	First	Middle
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Date of birth/baptism:

(approximate)

Month	Day	Year
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***Date of Confirmation:**

(approximate)

Month	Day	Year
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Name of Sponsor:

Last	First
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***Location:**

City/Town (Conn.)	Parish/Church
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Requestor's signature:

Date:

Please mail completed form with copy of valid photo ID** (i.e., driver's license, state ID, passport, military ID, etc.) to:

**Archivist
Archdiocese of Hartford
134 Farmington Avenue
Hartford, CT 06105**

Please include copy of official request letter/notice or other relevant documents (if applicable). Please allow 4 to 6 weeks to process request. If you have any questions, please contact the Archives at: 860-541-6491. Thank you for your patience.

***Copied photo ID must be current and legible.*

****In keeping with the U.S. Census Bureau's guidelines regarding privacy, ALL SACRAMENTAL RECORDS LESS THAN SEVENTY-TWO YEARS OLD ARE CLOSED TO RESEARCH. Only properly authorized persons may access the records.*