

# ROMAN CATHOLIC ARCHDIOCESE OF HARTFORD



## OFFICE OF THE ARCHDIOCESAN ARCHIVES

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### *OFFICIAL REQUEST FORM:*

### *~SACRAMENTAL RECORDS~*

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### INSTRUCTIONS

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**--DO NOT USE THIS FORM FOR GENEALOGY/ FAMILY HISTORY REQUESTS--**

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- Please read the AOH Archives Policy & Procedures regarding Sacramental Records before completing this form.
- Certified certificates will only be issued for valid official reasons.
- Certificates will not be issued for reasons of genealogy/family history.
- Official valid photo ID must accompany this form (copy of driver's license, state ID, passport ID, military ID, etc.).
- Support documents (apart from valid photo ID) are required for all requests with the exception of obtaining a personal copy of one's own record or if required to receive a Sacrament or be a sponsor of someone receiving a Sacrament.
- All certificates will be sent by postal mail only; electronic/digital transfer is not permitted. (Certificates will not be sent to PO boxes or unverifiable postal addresses).
- Personal copies will be sent directly to the person who is named in the record or an authorized individual on behalf of the named person - all other requests will be sent directly to the authority that is requiring the record for official reasons (as applicable).

- No fee is assessed when a certificate is issued for a verifiable official Church reason or for a personal copy of one's own record. A fee may be assessed by the issuing authority for all other reasons.
- Sacramental Records are private records, which are protected by canonical and civil laws.
- There is no centralized database for accessing and searching Sacramental Records, the registers/books must be searched manually.
- Return this form directly to the parish or institution holding the records – **do not send this form to the AOH Archives. (Sending this form to the AOH Archives may result in delays to your request.)**

**Contact information for  
person making the request**

[Please print clearly]

**Name:** \_\_\_\_\_  
Last First M.I.

**Address:** \_\_\_\_\_  
Street Name & Number (Apt. #)

\_\_\_\_\_  
City/Town State Zip Code

**Phone #1:** \_\_\_\_\_  
(Primary) Area Code Number (Extension)

**Phone #2:** \_\_\_\_\_  
(Optional) Area Code Number (Extension)

**Email:** \_\_\_\_\_  
(Optional)

**Your relationship to the person whose record is being requested:** \_\_\_\_\_  
(If record is your own, write: SELF)

**Contact information for  
recipient of the record**

(If different from Requestor)

[Please print clearly]

**Name:**

\_\_\_\_\_  
Last First M.I.

**Address:**

\_\_\_\_\_  
Street Name & Number (Apt. #)

\_\_\_\_\_  
City/Town State Zip Code

**Phone #1:**

*(Primary)*

\_\_\_\_\_  
Area Code Number (Extension)

**Phone #2:**

*(Optional)*

\_\_\_\_\_  
Area Code Number (Extension)

**Email:**

*(Optional)*

\_\_\_\_\_

**Your relationship to the person whose record is being requested:** \_\_\_\_\_

*(If record is your own, write: SELF)*

**Reason for Request**

[Please print clearly]

\_\_\_ Personal copy

\_\_\_ Receiving a Sacrament: \_\_\_\_\_  
*(Please indicate Sacrament to be received)*

\_\_\_ Sponsoring someone who is receiving a Sacrament: \_\_\_\_\_  
*(Please indicate Sacrament to be received)*

\_\_\_ School, employment, etc.\*\* \_\_\_\_\_  
*(Name of institution/ organization)*

\_\_\_ Citizenship/ dual citizenship\*\*:

\_\_\_\_\_

*(Name of county to which you are applying)*

\_\_\_ Required by civil law\*\*:

\_\_\_\_\_

*(Specify legal reason and requesting authority)*

\_\_\_ Other\*\*:

\_\_\_\_\_

*(Specify reason and requesting authority)*

*\*\*Please include copy of official request letter/notice and/or other relevant documents (as applicable)*

**Record Request**

[Please print clearly]

**Record being requested (please circle one):**

**Baptism**      **First Communion**      **Confirmation**      **Marriage**      **Other:** \_\_\_\_\_  
*(Please specify)*

Name of person at time of Sacrament: \_\_\_\_\_  
*Last/Maiden name      First Name      Middle Name/Initial*

Date of Birth: \_\_\_\_\_

Date of Sacrament: \_\_\_\_\_

Location of Sacrament: \_\_\_\_\_  
*(City/Town)                      (Parish/Church or institution)*

Parent (mother): \_\_\_\_\_  
*(First)                      (M.I)                      (Last)                      (Maiden)*

Parent (father): \_\_\_\_\_  
*(First)                      (M.I)                      (Last)*

Officiant: \_\_\_\_\_  
*(Title)                      (First)                      (Last)*

Sponsor/Witness (#01): \_\_\_\_\_  
*(First)                      (M.I)                      (Last) /                      (Maiden)*

Sponsor/Witness (#02): \_\_\_\_\_  
*(First)                      (M.I)                      (Last) /                      (Maiden)*

Additional information (as applicable):

**Please sign and date:**

Requestor's signature:

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Date:

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*Office use only:*

*Date received:*

*Date completed:*

*Date mailed:*

*Name of official:*

*Notes:*