



## Sacramental Record (s) Request

**Type of Certificate needed:** Baptism, First Communion, Confirmation, Marriage

**Name at the time the sacrament was received:** \_\_\_\_\_

**Approximate date of Sacrament:** \_\_\_\_\_

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

**Name of Father:** \_\_\_\_\_

**First Name and Maiden name of Mother:** \_\_\_\_\_

**Name of Sponsors ( if known):** \_\_\_\_\_

**Name of Requestor and a Photo ID:** \_\_\_\_\_

**Purpose of request:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**Daytime phone number:** \_\_\_\_\_

**I hereby authorize the release of the records indicated above and confirm that I have the legal authority to authorize such release.**

**Signature:** \_\_\_\_\_

### St. Anne Roman Catholic Parish

440 E Elliot Rd, Gilbert, AZ 85234  
Phone: 480-507-4400 • Fax: 480-507-4800  
Email: [admin@stanneaz.org](mailto:admin@stanneaz.org) • Web: [www.stanneaz.org](http://www.stanneaz.org)