



## AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_,  
(Name)  
hereby authorize the Roman Catholic, \_\_\_\_\_,  
(Parish)  
located in \_\_\_\_\_, \_\_\_\_\_, to release a copy of the  
(City) (State)  
\_\_\_\_\_ of \_\_\_\_\_  
(type of record) (name on certificate)  
to \_\_\_\_\_.  
(self or name of other person/institution)

I agree to indemnify and hold harmless the Catholic Archives of Our Lady of Guadalupe – Austin, the Roman Catholic Church, its Dioceses, Bishops and their successors in office, the aforesaid parish and all other persons connected with them from any liability for releasing this information pursuant to my request.

\_\_\_\_\_  
Authorization signature

\_\_\_\_\_  
Driver's License #

Note: The person authorizing release must be the **person named** in the certificate, **or**: the **parent** if the named person is a minor child; the **spouse** or **adult child** if the named person is deceased.

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone

**NOTARIZATION:** I, \_\_\_\_\_, Notary, do hereby certify that the above-named individual seeking the release of confidential information did appear before me in person with sufficient identification.

\_\_\_\_\_  
(Notary signature and seal)

**The following is a list of people that are authorized to pick up a certificate:**

The **person named** in the certificate, if the person named in the certificate is a minor, then the **parent** of the named minor child; the **spouse** or **adult child** if the named person is deceased. If these individuals are unavailable then they must authorize a pick-up with this form.

# Our Lady of Guadalupe Catholic Church

1206 East Ninth Street, Austin, Texas 78702

Phone (512)478-7955 Fax (512) 478-8377



## Sacramental Certificate Request

Date and Time of Request: \_\_\_\_\_

Certificate Requested (Check all that Apply)

Baptismal

Communion

Confirmation

Marriage

Reason for Request: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

First

Last

Middle Initial

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

(MM/DD/YYYY)

(MM/DD/YYYY)

Mother's Maiden Name: \_\_\_\_\_

First

Last

Middle Initial

Father's Name: \_\_\_\_\_

First

Last

Middle Initial

Names of Sponsors: \_\_\_\_\_

First

Last

Middle Initial

Person Requesting Certificate: \_\_\_\_\_

First

Last

Middle Initial

Relationship to Person \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Address

City

State

Zip

Delivery:  Mail Certificate  Certificate to be Picked Up in Person

**Note: There is a \$5.00 dollar non-refundable administrative fee for certificates. This fee must be paid in full upon submitting the request. Requests may be submitted in person or via mail. Forms are available online, via fax, by U.S. mail and in the parish office.**

### *For Office Use Only*

Date Completed: \_\_\_\_\_

By: \_\_\_\_\_

Register Volume No. \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Page: \_\_\_\_\_

Comments: \_\_\_\_\_

Entry No: \_\_\_\_\_