

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby authorize the

(Print Your Full Name)

Roman Catholic Church of, St. Philip the Apostle Church Lewisville, Texas, to

release a copy of the _____ record recorded on

Type of record/certificate

_____ / _____
Date of Sacrament

Date of Birth

(Print Full Name on certificate)

Father's Full Name

Mother's Full Name (include maiden)

Release To _____

Church Employee Name (requesting certificate)

Church Name

Church Address

I agree to indemnify and hold harmless the Catholic Archives of St. Philip the Apostle, Roman Catholic Church, it's Diocese, 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 of the named person; the spouse or adult child if the named person is deceased.

Your Address

City

State

Zip

Home Telephone

Work Telephone

E-Mail

Last _____

First _____

Birth Year _____

FOR OFFICE USE ONLY

FOR OFFICE USE ONLY

Date Mailed _____ Faxed _____ Emailed _____

Baptism _____ Eucharist _____ Confirmation _____

Marriage _____ Entered in PDS _____