

**DIOCESE OF BROOKLYN**

**FORM TO REQUEST A SACRAMENTAL CERTIFICATE FROM:**

\_\_\_\_\_ (Name of Parish) \_\_\_\_\_ (Neighborhood, if known)

1. WHAT ceremony is a certificate requested for?

- \_\_\_\_\_ Baptism
- \_\_\_\_\_ Confirmation
- \_\_\_\_\_ Marriage
- \_\_\_\_\_ Other: Specify: \_\_\_\_\_

2. WHY is the certificate requested/needed?

- Church use: \_\_\_\_\_ Marriage  
\_\_\_\_\_ 1<sup>st</sup> Communion or Confirmation  
\_\_\_\_\_ Annulment  
\_\_\_\_\_ Other: \_\_\_\_\_

- Legal use: \_\_\_\_\_ Inheritance issues  
\_\_\_\_\_ Social security issues  
\_\_\_\_\_ Citizenship/passport issues  
\_\_\_\_\_ Adoptive history  
\_\_\_\_\_ Other: \_\_\_\_\_

- Personal use: \_\_\_\_\_ Searching family tree  
\_\_\_\_\_ Bringing family records up-to-date  
\_\_\_\_\_ Other: \_\_\_\_\_

PLEASE CLEARLY PRINT ALL INFORMATION BELOW

3. a. NAME OF PERSON making this request:

\_\_\_\_\_ (Print Name) \_\_\_\_\_ (Signature)

b. RELATIONSHIP OF REQUESTOR (Quest 3a) to person whose record is being sought:

\_\_\_\_\_

4. NAME OF PERSON(s) whose record is(are) sought:

\_\_\_\_\_ (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_ (Middle Name)

\_\_\_\_\_ (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_ (Middle Name)

5. NAME OF PARENTS of person(s) whose record is(are) being sought:

Father: \_\_\_\_\_  
(Last Name) (First Name)

Mother: \_\_\_\_\_  
(Last Name) (First Name)

6. DATE AND PLACE OF BIRTH: \_\_\_\_\_  
\_\_\_\_\_

7. DATE AND PLACE OF CEREMONY: \_\_\_\_\_  
\_\_\_\_\_

8. NAMES OF SPONSORS/WITNESSES: \_\_\_\_\_  
\_\_\_\_\_

9. NAME AND ADDRESS TO WHOM THE CERTIFICATE IS TO BE SENT:  
(If this request is going to be mailed to a parish please attach a stamped, self-addressed envelope)

\_\_\_\_\_  
\_\_\_\_\_

10. PHONE/EMAIL CONTACT FOR ADDITIONAL INFORMATION:

\_\_\_\_\_  
(Name) (Phone) (Email)

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_

**Note:** The Diocesan Archives does **not** charge a fee for sacramental records needed for church use. We do ask for a donation of at least \$25 to cover the cost of staff time to research all other requests. Please make your check or money order payable to the 'R.C. Diocese of Brooklyn'. To the following mailing address:

R.C. Diocese of Brooklyn  
Office of the Archivist  
310 Prospect Park West  
Brooklyn, NY 11215

**Note:** If you are not the individual whose record is being requested please provide proof of death if the person is deceased *or* power of attorney if the person is still living.