

# SACRAMENTAL RECORD REQUEST FORM

\* Data needed to supply baptism record.

† Data needed to supply marriage certificates-record should not be sent without these fields completed.

\*†Parish: \_\_\_\_\_

Record Type:

BAPTISM  MARRIAGE  OTHER\_\_\_\_\_

\*†Name of Individual  
on Record: \_\_\_\_\_

\*†Birth Date: \_\_\_\_\_

Baptism Date: \_\_\_\_\_

Baptized as an Infant?

YES  NO  I DON'T KNOW

## Parents Information

Father: \_\_\_\_\_

Mother (include maiden name): \_\_\_\_\_

Name of Minister: \_\_\_\_\_

Godparents: \_\_\_\_\_

Confirmation Date: \_\_\_\_\_

†Marriage Date: \_\_\_\_\_

†Name of Spouse: \_\_\_\_\_

Requester's Relationship  
to Person named in record: \_\_\_\_\_

\*†Purpose of Request:

My personal Records (*no fee, copy of photo ID & Release required*)

Genealogical Research (*fee required*)

Yes  No I have already contacted the Parish.

\*†Send to: \_\_\_\_\_

\*†Address, City/State/Zip: \_\_\_\_\_

\*†Daytime Phone: \_\_\_\_\_

\*†Email Address: \_\_\_\_\_

Other Notes or Clarifications: \_\_\_\_\_

Please send this completed Form,  
with any required Fee to:

**Archives**

**Diocese of Fargo**

**5201 Bishops Blvd. Ste. A**

**Fargo, ND 58104**

\_\_\_\_\_  
Printed Name of Requester

\_\_\_\_\_  
Signature of Requester

\_\_\_\_\_  
Date