



## AUTHORIZATION FOR RELEASE OF INFORMATION FROM SACRAMENTAL RECORDS

**REQUEST DATE:** \_\_\_\_\_

**NAME OF SACRAMENT:**

BAPTISM       COMMUNION       CONFIRMATION       MARRIAGE       DEATH

NAME AT TIME OF SACRAMENT: \_\_\_\_\_

APPROXIMATE DATE OF SACRAMENT: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

**NAME OF PARENTS** (include mother's maiden name):

MOTHER: \_\_\_\_\_ FATHER: \_\_\_\_\_

REQUESTOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**I agree to hold harmless the Archdiocese of Newark, the Roman Catholic Church, its Diocese, Bishops, and their successors in the office, the aforesaid parish and all other persons connected with them from any liability for releasing this information pursuant to my request.**

**SIGNATURE OF AUTHORIZATION:**

**\*\* A Copy of Government Issued Photo Identification must accompany this request\*\***

*Note: The person authorizing release must be the person name on record, the parent of a minor child, or the spouse or adult child if the person is deceased. Anyone else must show proof of power-of-attorney.*

**Return this form to:**

St Lawrence Church  
22 Hackensack Avenue, Weehawken, NJ 07086  
Attention: Parish Secretary

**A \$10 donation is requested.**

*(Please allow 7-10 business days to process the request)*

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[STLWEEHAWKEN.COM](http://STLWEEHAWKEN.COM)  
 **ST LAWRENCE RC CHURCH**

**CONTACT US**

**22 HACKENSACK AVENUE  
HOBOKEN, NJ 07086  
PH: 201.863.6464**