



ARCHIVES
OF THE ROMAN CATHOLIC
DIOCESE OF BURLINGTON

55 JOY DRIVE · SOUTH BURLINGTON, VT · 05403

SACRAMENTAL RECORD REQUEST FORM – GENEALOGICAL RECORDS

Date request submitted: _____

Requestor's full name: _____

Address: _____

Daytime phone: (____) ____ - ____ E-mail: _____

Name of individual on record: _____

Relationship to person named on record: _____

Record type: Baptism _____ Marriage _____ Other _____

Date (or approximate) of sacrament: _____

Date (or approximate) of birth: _____

City or Parish where sacrament(s) took place: _____

Parents' full names (if known): _____

I, _____, have read the [Policy for Access of Sacramental Records](#).
(print name)

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

Signature: _____ Date: _____

Please mail this completed form to:

Archives of the Roman Catholic Diocese of Burlington
55 Joy Drive
South Burlington, VT 05403