



ARCHIVES
OF THE ROMAN CATHOLIC
DIOCESE OF BURLINGTON

55 JOY DRIVE · SOUTH BURLINGTON, VT · 05403

SACRAMENTAL RECORD REQUEST FORM – PERSONAL RECORDS

Date request submitted: _____

Purpose of request (copy of photo ID is required):

- I would just like my personal records.
- I am continuing with the sacraments (*First Communion, Confirmation, Marriage*)
- I have been asked to be a godparent.
- Other: _____

I have already contacted the Parish: **YES** _____ **NO** _____

Name on record: _____

Record type: Baptism _____ Marriage _____ Other _____

Date of sacrament (if known): _____

Date of birth: _____

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

Parents' full names (if known): _____

Requestor's name: _____

Address: _____

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

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: _____

For legal guardians requesting sacramental records on behalf of living individuals born after 1930, please state the name of the person on whose behalf this request is being made and enclose a copy of documents of legal guardianship or power of attorney.

I, _____, verify that I am the legal guardian of _____.
(print name) (print name)

Please mail this completed form and all supporting documents to:

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

