

ST. CLETUS CATHOLIC CHURCH

3600 Claire Ave.
Gretna, LA 70053
504-367-7951

email: stcletuschurch@arch-no.org

AUTHORIZATION FOR RELEASE OF INFORMATION
FROM SACRAMENTAL RECORDS

REQUEST DATE: _____

CHURCH PARISH IN WHICH SACRAMENT WAS PERFORMED: _____

NAME OF SACRAMENT (circle one): BAPTISM MARRIAGE OTHER

NAME AT TIME OF SACRAMENT: _____

APPROXIMATE DATE OF SACRAMENT: _____

DATE OF BIRTH: _____

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

REQUESTOR: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

DAYTIME PHONE NUMBER: _____

I agree to hold harmless the Archdiocese of New Orleans, the Roman Catholic Church, its Dioceses, Bishops and their successors in 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:

*Note: The person authorizing release must be the person named in the 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.

A COPY OF PHOTO IDENTIFICATION MUST ACCOMPANY THIS REQUEST

Fee: \$5.00 per certificate request.

RETURN THIS FORM ALONG WITH A CHECK OR MONEY ORDER PAYABLE TO:

St. Cletus Church
3600 Claire Ave.
Gretna, LA 70053