



ARCHIVES

OF THE ROMAN CATHOLIC
DIOCESE OF BURLINGTON

55 Joy Drive • South Burlington, VT • 05403

Authorization for Release of Information from Sacramental Records

Date request submitted: _____

I have already contacted the Parish (for personal records requests): **YES**____ **NO**____

Name of individual on record: _____

Relationship to person named on record: _____

Record type: Baptism _____ Marriage _____ Other (Please specify) _____

Date (or approximate) of sacrament: _____

Date of birth: _____

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

Full names of both parents: _____

Requestor: _____

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 other individuals, 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**

Form signed: _____ Copy of state-issued ID: _____ Proof of guardianship (if applicable): _____