

8301 S. St. Louis Avenue  
Chicago, Illinois 60652

**ST DENIS CHURCH**

773-434-3313

SACRAMENTAL RECORDS RELEASE REQUEST

Request Date:	
Name of Sacrament: <b>Baptism    Communion    Confirmation    Marriage</b>	
Name at time of Sacrament	
Approximate date of Sacrament	Date of birth:
Name of Father:	
Maiden and first name of Mother:	
Requestor:	
Address:	
City, State, Zip code:	
Daytime telephone number:	
Reason for request:	
Certificate/s will be mailed directly to the church that requested the information. Please provide the following:	
Church:	
Address:	
City, State, Zip code:	
Attention:	
Signature:	

**\*\*A copy of a state-issued photo ID must accompany this form.**

*As coordinator of sacramental records at St. Denis Church in Chicago, Illinois, I have researched your request. A certificate with the requested information has been created, and the parish seal imprinted on such certificate. There is no formal charge for this service, however, a donation to the parish is truly appreciated. Your tax deductible contribution, in any amount, helps us to maintain and preserve our sacramental records.*