



### Authorization for Release of Sacramental Record

Instructions: The person authorizing release must be: (1) the person named in the record; or (2) the parent if the named person is a minor child. If the form is not notarized, check that the ID information is entered correctly and appears to be that of the individual who is submitting the form.

I, \_\_\_\_\_ (name), with the following government-issued photo ID: \_\_\_\_\_ (type) \_\_\_\_\_ (ID number)

authorize the Catholic Diocese of Austin ("Diocese") and its related parishes, schools, and other organizations ("Organizations") to release a copy of the following record: (check one)

- Annotated Baptismal Certificate (or abstract) for \_\_\_\_\_ (name)
- First Communion Certificate for \_\_\_\_\_ (name)
- Confirmation Certificate for \_\_\_\_\_ (name)
- Marriage Certificate for \_\_\_\_\_ (name) and \_\_\_\_\_ (name of spouse)
- Other: \_\_\_\_\_

dated \_\_\_\_\_ (provide approximate date if unknown)

from the following parish:

Name of Parish: \_\_\_\_\_

City of Parish: \_\_\_\_\_

to the following individual or entity:

Recipient Name: \_\_\_\_\_

Recipient Address: \_\_\_\_\_

I agree to indemnify and hold harmless the Diocese, the Organizations, the Bishop of Austin and his successors in office, and all other persons connected with them, from any liability for releasing this information pursuant to this request and authorization.

\_\_\_\_\_  
(signature) (date)

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Submit this form in person (along with the photo ID referenced above) or have the form notarized below.**

State of \_\_\_\_\_

County of \_\_\_\_\_

This instrument was acknowledged before me by \_\_\_\_\_ (above-named person) on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_