



Diocese of Gallup: Sacrament Record Release Request

This form is to be sent to the parish, where the sacrament was performed. If parish is unknown, make the request in writing, with original signature, by mail or in person, to the Office of Archives of Diocese of Gallup, 503 West Historic Highway 66, Gallup, NM 87301. For more information, contact the Office of Archives at 505 863-4406 or archivist@dioceseofgallup.org.

Please Note: These transcripts are confidential and legal records. To protect the privacy of the individual involved, certificates, are only issued to the person whose record is requested, or a person who provides proof of parental authority, guardianship, power of attorney, executor/personal representative, or other legal status, on behalf of the person, for whom the record is requested. You will be required to show a legal photo ID to receive the records. Thank you, for your understanding of this fact. NO official certificates are issued for genealogical purposes. A nominal fee may be levied.

Date of request:

Indicate sacramental record(s) requested: Baptism, First Communion, Confirmation, Marriage, other
(N.B. if requesting marriage certificate, please provide name of spouse).

Name of parish(es) in which sacrament was performed:

Name at time of Sacrament:

Approximate date of Sacrament

Date of Birth:

Name of father:

First and maiden name of mother:

Name of sponsor(s) (if known):

Name of minister of sacrament (if known)

Name of requestor: Person making this request and the relationship to the person on the sacramental record: (proof of identity and/or legal guardianship will be required):

Purpose of request:

Special circumstances/notes, if applicable

Address: (please include both physical and mailing, if different)

City, State, Zip:

Daytime phone number:

E-mail address (if any):

I hereby authorize the release of the records indicated above and confirm that I have the legal authority to authorize such release. I agree to hold harmless the Diocese of Gallup, and all its affiliates, as well as the aforesaid parish and those connected with them, from any liability, for releasing this information according to my request.

Signature of authorized recipient of the sacramental record(s) _____

Date signed _____

Office Use Only:

Photo ID Verified ____ Fee, (if applicable), paid by Check # ____ or Cash ____

Processed by _____ Date Completed: _____ Notes: _____