

AUTHORIZATION OF RELEASE OF SACRAMENTAL INFORMATION
Please PRINT

I, _____, hereby authorize the Roman Catholic
(Full Name)

Diocese of Charleston and the Catholic Church of St. James

Conway, South Carolina, to release to

Amy Horan, C.R.E., Religious Education Office a copy of the certificate of

_____ for _____.
(Type of Certificate) (Name/Person on Certificate)

I agree to indemnify and hold harmless the Roman Catholic Diocese of Charleston, its Bishop and successors in office, as well as the above mentioned parish, and all other persons connected with them, from any liability for releasing this information pursuant to my request.

(Authorization Signature)

(Relationship to person on certificate)

Date

(Proof / I.D. -- e.g. Driver's License)

(Address)

(Phone number)

NOTE WELL: The person authorizing release should be:

- the person to whom the certificate relates;
- the parent, if the certificate relates to a minor child;
- the spouse or adult child if the person to whom the certificate relates is deceased.

REQUEST FOR SACRAMENTAL RECORDS

I, _____, give permission for the Catholic Church of St. James in Conway, South Carolina, to contact any of the parishes listed below to request a new copy with parish seal of my child's / or my sacramental records. I understand that this information will not be shared with any parties except the staff in the Office of Religious Education for the purposes of completing and verifying my (or my child's) permanent record.

Full Legal Name (of you or child): _____

Date of Birth: _____

City and State of birth: _____

Father's Full Name: _____

Mother's Full Name: _____

Mother's Maiden Name: _____

Baptism: Name of Church: _____

City and State: _____

Approx. Date of Baptism: _____

Reconciliation: Name of Church: _____

City and State: _____

Approx. Date: _____

First Eucharist: Name of Church: _____

City and State: _____

Approx. Date: _____

Signature (Title: i.e., self, parent, legal guardian)

Date