Our Lady of the Blessed Sacrament : Authorization for release of information for Sacramental Records

REQUEST DATE:_____

Requester Information:

Requestor:_____

Address:_____

City:_____ State:_____ Zip _____

Name at time of Sacrament: _____

Approximate date of Sacrament:_____ Date of Birth:_____

Sacraments received at OLBS:

☐ Baptism ☐ Communion ☐ Confirmation ☐ Marriage

PARENTS NAMES:

Father's name: _____

Mother's name/Maiden name_____

A copy of Government issued photo identification must accompany this request form.

By signing this form:

I understand that the ***only person*** authorizing release ***must*** be the person named in the record, the parent of a ***minor*** child, or the spouse of an adult child (if the person is deceased). Any other requestor must show proof of power-of-attorney.

I agree to hold harmless the Archdiocese of Newark, the Roman Catholic Church, it's Diocese, Bishops and their successors in the office., the aforesaid Parish and all other persons connected with them from any liability for releasing this information pursuant to my requestion.

Signature of authorization:_____

Return this form by mail to: Our Lady of the Blessed Sacrament Church, 28 Livingston Ave, Roseland, New Jersey 07068 attention: Sacramental Records **or by email** to parishinfo@olbs.org.

A $10 donation for administrative costs is requested by check, please allow 7-10 business days to process this request. Thank you