



The Roman Catholic Diocese of Phoenix

BAPTISMAL RECORD REQUEST

The form may be faxed to the Archives Office at 602.354.2486 or
emailed to mbeteran@diocesephoenix.org

Request Date: _____

In order to protect the privacy of the individual involved, certificates are only issued to the parent of the child, or to the person to whom the records is referring. NO certificates are issued for genealogical purposes. Photo ID must be presented. (A nominal fee may be charged)

NAME OF PARISH (IF KNOWN) IN WHICH SACRAMENT WAS PERFORMED:

ADDRESS /LOCATION AT THE TIME OF SACRAMENT:

NAME AT THE TIME OF SACRAMENT:

APPROXIMATE DATE OF SACRAMENT:

DATE OF BIRTH:

NAME OF FATHER:

NAME OF MOTHER (MAIDEN NAME):

NAME OF GODPARENTS (IF KNOWN)

NAME OF MINISTER OF THE SACRAMENT (IF KNOWN)

NAME OF REQUESTOR:

PURPOSE OF REQUEST :

ADDRESS:

CITY, STATE, ZIP:

DAYTIME TELEPHONE NUMBER:

E-MAIL ADDRESS (IF ANY):

For Office Use Only

Processed by:

Date Received:

Date Completed:

Notes: