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# SAINT SUSANNA

## CATHOLIC CHURCH

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1210 E. MAIN STREET  
PLAINFIELD, IN 46168  
PHONE: (317) 839-3333  
FAX: (317) 839-0732

### SACRAMENTAL RECORDS RELEASE REQUEST FORM

Please complete, sign and mail, fax or e-mail (Jackie Arnett: [jarnett@saintsusanna.com](mailto:jarnett@saintsusanna.com)) this request form and a copy of your photo ID (i.e. driver's license) to St. Susanna (address and fax listed above).

Please Note: We do not have copies of the original certificates – only records of sacraments.

Name of Sacrament(s) (please check all that apply):

Baptism:	<input type="checkbox"/>	Confirmation:	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Eucharist (Communion):	<input type="checkbox"/>	Matrimony (Marriage):	<input type="checkbox"/>		

Additional Information:

Name at Time of Sacrament:

Approximate Date of Sacrament:

Date of Birth:

Name of Father:

Maiden Name of Mother:

Name of Requester:

Address:

City, State and Zip Code:

Daytime Telephone Number:

E-mail Address:

Signature:

Date:

*(Signature of named recipient of sacrament or authorized recipient of document)*

For Office Use Only:

ID Type: \_\_\_\_\_ Date Mailed: \_\_\_\_\_ Researcher: \_\_\_\_\_