



Certified Sacramental Record Request Form

Request Information

Sacrament: Baptism Marriage

Church Name / Location:

Full Name(s) of Person(s):

For marriage, include bride's maiden name

Date of Sacrament: _____

Date of Birth: _____

Parents' names (include mother's maiden name):

Requestor Information

Name: _____

Mailing Address:

Email: _____

A copy of a state-issued photo ID must accompany this form. Certified copies of sacramental records require a non-refundable processing fee of \$25 per certificate. Cash, cashier's checks, or money orders (made out to Archdiocese of New York) are acceptable forms of payment.

Mail Request, copy of ID, and fee to:
Archdiocese of New York
Office of Archives & Records Management
201 Seminary Avenue
Yonkers, NY 10704

For Office Use Only

Date Mailed:	By:	Fee Paid: