



AUTHORIZATION FOR RELEASE OF INFORMATION FROM SACRAMENTAL RECORDS

REQUEST DATE: _____

NAME OF SACRAMENT:

BAPTISM COMMUNION CONFIRMATION MARRIAGE DEATH

NAME AT TIME OF SACRAMENT: _____

APPROXIMATE DATE OF SACRAMENT: _____

DATE OF BIRTH: _____

NAME OF PARENTS (include mother's maiden name):

MOTHER: _____ FATHER: _____

REQUESTOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____

EMAIL: _____

I agree to hold harmless the Archdiocese of Newark, the Roman Catholic Church, its 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 request.

SIGNATURE OF AUTHORIZATION:

*** A Copy of Government Issued Photo Identification must accompany this request***

Note: The person authorizing release must be the person name on record, the parent of a minor child, or the spouse or adult child if the person is deceased. Anyone else must show proof of power-of-attorney.

Return this form to:

Ss Peter and Paul Church
404 Hudson Street, Hoboken, NJ 07030
Attention: Parish Secretary

A \$10 donation is requested.

(Please allow 7-10 business days to process the request)

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CONTACT US

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