



## SAINT RITA CATHOLIC CHURCH

2729 Lowerline Street New Orleans, Louisiana 70125  
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www.stritanola.com • @StRitaNOLA

### AUTHORIZATION FOR RELEASE OF INFORMATION FROM SACRAMENTAL RECORDS

Request Date: \_\_\_\_\_

**\*\*You are requesting a sacramental record from St. Rita's Catholic Church- New Orleans\*\***

NAME OF SACRAMENT (circle one): BAPTISM      MARRIAGE      OTHER \_\_\_\_\_

NAME AT TIME OF SACRAMENT: \_\_\_\_\_

APPROXIMATE DATE OF SACRAMENT: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

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

\_\_\_\_\_

REQUESTOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

DAYTIME PHONE NUMBER: \_\_\_\_\_

I agree to hold harmless the Archdiocese of New Orleans, the Roman Catholic Church, its Dioceses, Bishops and their successors in 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 PHOTO IDENTIFICATION MUST ACCOMPANY THIS REQUEST\*\***

Note: The person authorizing release must be the person named in the record or the parent of a minor child. Anyone else must show proof of power-of-attorney.