



Archdiocese of Newark

Request for Sacramental Records

Please complete this form and mail to the parish* to request a Sacramental Record.

(Use a separate form for each Sacrament. Please print or type.)

Full Name(s) of Person(s):

(Person(s) who received the Sacrament – include Spouse's full maiden name for Marriages)

Sacrament Received:

(Baptism, First Communion, Confirmation, or Marriage)

Date Sacrament Received:

(Enter Month, Day & Year or Month & Year or Year)

Place Where Sacrament Received:

(Enter name of parish and town)

Name of Priest Who Officiated: _____

(Helpful if Sacramental record cannot be found)

Record Number:

(If known)

Your Name and Mailing Address (for mailing certificate):

Your Email Address: _____

Your Phone Number: _____

(For communication purposes)

**For addresses of parishes, please see the following web location: <http://www.rcan.org/parishes>*

**For location of records for closed or merged parishes, please see the following web location:*

<http://www.rcan.org/history/sacramentalrecords.htm>

PLEASE DO NOT MAIL THIS FORM TO THE ARCHDIOCESAN CENTER; SACRAMENTAL RECORDS ARE NOT LOCATED THERE.