

For Office use: Rec'd:

Cash/Ck., #

Replied:

## Diocese of Lincoln Sacrament Record Request Form

**Please return completed requests to:** Sister Patricia Radek, M.S., Catholic Chancery, P.O. Box 80328, Lincoln NE 68501 *Only records that date over 80 years old and pertain to deceased persons may be released to the public.* **Please include the proof of death (ex: obituary) for anyone who was born after 1900.** There is a **\$10 fee for the research of every set of three records (i.e. \$10 per full form).** Checks or money orders should be made payable to "Catholic Bishop of Lincoln". Thank you and God bless you!

Name of Individual Making Request (Title—Mr. Mrs. Miss Ms., First, Last) \_\_\_\_\_

Address (Street, City, State, Zip) \_\_\_\_\_

Phone Numbers (Home) ( ) \_\_\_\_\_ - \_\_\_\_\_ (Work) ( ) \_\_\_\_\_ - \_\_\_\_\_

(or Cell) ( ) \_\_\_\_\_ - \_\_\_\_\_ (Fax) ( ) \_\_\_\_\_ - \_\_\_\_\_

Email address \_\_\_\_\_

Specific Request(s) for Sacrament Record(s):

Name (include woman's maiden name if known) \_\_\_\_\_

Date of Birth (or approx. year) \_\_\_\_\_ Date of Record (or approx) \_\_\_\_\_

Father: \_\_\_\_\_ Mother (maiden name) \_\_\_\_\_

Record of interest (circle):    Baptism            Confirmation            Marriage            Death

Recorded at (what Parish &/or Town?) \_\_\_\_\_

Reason for Request and Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_