



Application for Sacramental Certificates

Type(s) of certificate(s) being requested:

Baptism Communion Confirmation Marriage

(Date of Sacrament)

(Place of Sacrament; Parish & Town)

Full Name(s) of Person(s)

(Name of Person(s) at the time of the ceremony who received the Sacrament – including spouse's full maiden name for Marriages)

For Baptismal Records:

(Date of Birth)

(Father's Name, first & last)

(Mother's name, first & maiden)

(Name of Priest who officiated – helpful locating records)

(Geographic area or address at the time of the baptism – helpful in locating records)

Your name and mailing address: _____

Your email address: _____

Your Phone Number: _____ Your Fax Number: _____

Relationship to requestor: _____

Reason for Request: _____

All requests for sacramental records need to be in writing. Email and telephone requests will not be granted. All sacramental records requests will require an application before a certificate will be released. If the certificate is to be mailed, the release needs to be returned first before a signed copy of a certificate can be sent. Because all sacramental records after 1930 are considered privileged, a certificate can only be given to the person who received the sacrament, or if a minor, to the parents or legal guardians.

Please send your requests directly to the parish where the sacrament was received for fastest delivery. Requests sent to the Pastoral Center will be forwarded to the parish resulting in possible delays. The Pastoral Center will only issue certificates from closed parishes.

Use this form if you need assistance in locating the parish where you received a sacrament. Please send it to:

The Archdiocese of Portland in Oregon
Pastoral Center, Archives
ATTN: Daniel A Haskins, Records Manager
2838 East Burnside Street
Portland, Oregon 97214

If you have any questions or for information regarding closed or merged parishes, please call 503-233-8334.

Authorization to Release Information

I, the undersigned, hereby authorize the Archdiocese of Portland in Oregon to release to me a copy of my

_____ from the records of the parish of _____.
(Type of certificate(s)) (if known)

I agree to indemnify and hold harmless the Archdiocese of Portland in Oregon, the Archbishop, the parish concerned, and all other persons connected with this request from any liability for releasing this information according to my request.

To assist in proving identity, all requests should include a photocopy of your driver's license (or your driver's license number including state and expiration date) or Social Security number. If you do not have one of these, please provide a copy of an alternate photo ID.

(Signature)

(Date)

(ID – Driver's License or Social Security Number)