

CATHOLIC SOCIAL SERVICES

DIOCESE OF COLUMBUS

REQUEST FOR RELEASE OF BAPTISMAL RECORD

The undersigned, being an adopted person at least 18 years old requests the release to _____ (him or her) of any record maintained by _____ (designate agency) as to _____ (his or her) baptism in the Roman Catholic Church. The following information is submitted:

1. Adoptive Name and Address of Requesting Person:

2. Date of Birth of Requesting Person: _____

3. A copy of the adoptive birth certificate of the Requesting Person.

4. Date of Adoption of Requesting Person: _____

5. Adoptive Parents' names and address:

6. The following two items of identification:

- a. _____
- b. _____

Date

Signature

Print Name

STATE OF OHIO, COUNTY OF FRANKLIN, SS :

Sworn to before me this ____ day of _____, 201__ .

Notary Public
My commission expires: _____

If applicable:

I hereby acknowledge receipt of a copy of my baptismal record from _____ (agency) and consent to release of my baptismal record to the Roman Catholic Diocese of Columbus to be placed in a sacramental register.

Date

Signature

Print Name