



THE SHRINE OF OUR LADY OF POMPEII
 1224 West Lexington Street, Chicago, IL Tel. (312) 421-3757, FAX (312) 421-3756
www.ourladyofpompeii.org

SACRAMENTAL RECORDS RELEASE REQUEST

Fill out a form for each Certificate.

The non-refundable processing fee of \$10 per certificate and a **clear** copy of your photo identification **must** accompany this signed form. Personal checks, cashier's checks, money orders are made out to: "THE SHRINE OF OUR LADY OF POMPEII". MasterCard, Visa also accepted. Turn-around time is a two (2) weeks.

For more information call Laura Medina, archivist at 312-421-3757, or you can email her at: Records@ourladyofpompeii.org

PLEASE WRITE LEGIBLY:

| | |
|---|---|
| BAPTISM ___ COMMUNION ___ CONFIRMATION ___ Approximate Date of Sacrament: | MARRIAGE _____ Approximate Date of Sacrament: |
| Date of Birth: | Full Name of Groom: |
| Full Name at Time of Sacrament: | Bride's FULL Maiden Name: |
| Full Name of Father: | |
| Full MAIDEN Name of Mother: | |

PERSON REQUESTING CERTIFICATE:

| | |
|---|--------|
| Relationship To Person: | |
| Address: | |
| Telephone: | Email: |
| Signature of Person Requesting Certificate: | |

CREDIT CARD NUMBER:

EXP. DATE:

INFORMATION OF CHURCH CERTIFICATE IS BEING SENT TO IF NOT MAILING TO THE ABOVE:

| | |
|----------------|-----------|
| Name of Church | Telephone |
| Attention to: | Fax: |

FOR OFFICE USE ONLY:

| | | |
|--------------------|-------------|----------------|
| ID type: | Researcher: | Date received: |
| Fee paid: CA CK CC | | Date mailed: |