

# DIOCESE OF SAN BERNARDINO



## ARCHIVES OFFICE SACRAMENTAL RESEARCH REQUEST FORM

EMAIL: [archives@sbdiocese.org](mailto:archives@sbdiocese.org)      FAX: 909-474-4907

For sacraments celebrated at any Military facility [click here for Military Archdiocese](#)

<b>Request Date</b>		<b>Request Number</b>	
<b>Requestor</b>		<b>Completed Date</b>	
<b>1. Personal Information of person requesting the information</b>			
<b>Name</b>			
<b>Address</b>			
<b>City, State, Zip</b>			
<b>Phone</b>			
<b>E-mail</b>			
<b>2. Type of Request</b>			
<b>Genealogy</b>	<input type="checkbox"/>	Specify:	
<b>Historical</b>	<input type="checkbox"/>	Specify:	
<b>Sacramental</b>	<input type="checkbox"/>	Sacrament:	
<b>Other</b>	<input type="checkbox"/>	Specify:	
<b>3. Sacramental Records Request Information</b>			
<b>Requestor's relationship to record holder</b>			
<b>Record's Name</b> <small>Please include middle name or middle initial</small>			
<b>Birthdate</b>			
<b>Sacrament date</b>			
<b>Name of church and city where sacrament took place</b>			
<b>Father's Name</b>			
<b>Mother's Maiden Name</b> <small>Please include middle name or middle initial for both parents</small>			
<b>Reason for Request</b> <small>If for marriage include date and place of church of First Communion and Confirmation</small>			
<b>Other Information</b>	<a href="#">Sponsors/Godparents:</a>		
<b>Action Taken</b>			