



SACRAMENTAL RECORDS RELEASE REQUEST
ARCHDIOCESE OF MIAMI
- Confirmation Certificate -

Before completing this form, please read carefully the Archdiocesan policy on sacramental records (cf. www.miamiarch.org/vgchancellor). Please print clearly.

Full name at the time of Confirmation: _____

Father's full name: _____

Mother's maiden name: _____

Name of Sponsor: _____

Name of Parish (or Mission) where Confirmation took place:

City in which parish/mission is located: _____

Date of Confirmation: _____ (circle one: exact / approximate)
(e.g., January 1, 1989)

Name of the Minister of Confirmation: _____

Name of person requesting certificate: _____

Street address: _____

City, State, Postal code: _____

Country: _____

Daytime phone number: _____

I have read the policy of the Archdiocese of Miami on sacramental records and I attest that I am requesting my own certificate, that of my minor child or another for whom I am legal guardian. This request is not made for genealogical purposes.

Signature: _____ Date: _____

Please mail this request to:

Archdiocese of Miami
Office of the Chancellor
9401 Biscayne Boulevard
Miami Shores, Florida 33138

The Confirmation certificate will be sent only by mail; not by e-mail, fax, etc. Please allow two months for a reply.