



THE ROMAN CATHOLIC
Diocese OF Helena

Sacramental Record Request Form (Fillable PDF)
(one form per request)

Details for sacramental record Request

Date: _____

Sacrament (Check one):

Baptism

First Communion

Confirmation

Matrimony

Death

Name of Individual on Record: _____

Name of Parish/School: _____

City: _____ State/Province: _____

Date/Year of Rite (if unknown, give approximate): _____

Father's Name: _____

Mother's Name: _____

*Name of Spouse: _____

*Spouse's Father's Name: _____

*Spouse's Mother's Name: _____

Additional details/comments: _____

Requestor's Relationship to Person Named in Record (self, guardian, other): _____

Purpose of Request: _____

(For genealogical research, please submit required information, if applicable)

Contact Information (*required information)

*First Name: _____ *Last Name: _____

*Address: _____

*City: _____ *State/Province: _____

*Zip Code: _____ Daytime Phone: (_____) _____

*Email: _____

*Signature _____

(Signature of named recipient of sacrament or authorized recipient of document)

Please make donation payable to the Diocese of Helena.

Mail Request Form and **Donation** to:

Archivist

P.O. Box 1729

Helena, MT 59624-1729

contact@diocesehelena.org