

Catholic Archives of Texas

P.O. Box 13124, Capitol Station

Austin, TX 78711-3124

Telephone: 512-476-6296

For Overnight Mail, Fedex, UPS

8900 Shoal Creek Blvd

Suite 103

Austin TX 78757

Authorization for Release of Information

I, _____,

(Name)

hereby authorize the Roman Catholic Church, _____,

(Parish)

located in _____, Texas, to release a copy of the

(City)

_____ of _____

(type of record)

(name on certificate)

to _____.

(self or name of other person/institution)

I agree to indemnify and hold harmless the Catholic Archives of Texas, the Roman Catholic Church, its Dioceses, Bishops and their successors in office, the aforesaid parish and all other persons connected with them from any liability for releasing this information pursuant to my request.

Authorization signature

Driver's License #

Note: The person authorizing release must be the **person named** in the certificate, **or**: the **parent** if the named person is a minor child; the **spouse** or **adult child** if the named person is deceased.

Address

City State Zip

Telephone

NOTARIZATION: I, _____, Notary, do hereby

(print name of Notary)

certify that the above-named individual seeking the release of confidential information did appear before me in person with sufficient identification.

(Notary signature and seal)

RETURN THIS FORM AND \$20 CHECK/MONEY ORDER (PAYABLE TO CATHOLIC ARCHIVES OF TEXAS) BY MAIL TO THE ABOVE ADDRESS