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

FAX 512-476-3715

Sacramental Record Request Form

Name_____
First Middle Last

Date of Birth_____

Place of Birth_____

Name of Father_____

Name of Mother_____

Sacramental Record Type_____

Date Sacrament was received_____
If uncertain, provide a date range

Parish and location_____

Reason for request_____
Passport, Genealogy etc.

For Marriage Record Requests:

_____
Name of second person: circle bride/groom

Provide any further information you believe will help us in locating this record. **This** form may be mailed or faxed to us.
The authorization for release must be mailed.

Catholic Archives of Texas **For Overnight Mail, Fedex, UPS**