

PARISH of
ST. PATRICK & ASSUMPTION/ALL SAINTS SCHOOL

492 BRAMHALL AVENUE JERSEY CITY, NJ 07304
201-332-8600 | FAX 201-216-1600

RECORD REQUEST FORM

DATE REQUESTED _____

DATE COMPLETED _____

NAME OF PERSON REQUESTING INFORMATION

_____ Self _____ Parent/Guardian _____ Spouse _____ Other (specify)
(Check off the one that apply)

FULL NAME(S) OF PERSON(S) *(Person who received the Sacrament – include Spouse's full maiden name for Marriage)*

SACRAMENT RECEIVED *(Baptism, First Communion, Confirmation, or Marriage)*

DATE SACRAMENT RECEIVED *(Enter Month, Day & Year or Month & Year or Year)*

PLACE SACRAMENT RECEIVED *(Check off the one that apply)*

_____ St. Pat's Church *(If requesting records before 1978)* _____ Assumption Church _____ All Saints

NAME OF PERSON REQUESTING INFORMATION

Birth Date _____

Father's Name _____

Mother's Maiden Name _____

YOUR NAME AND MAILING ADDRESS:

Your Email Address _____

Your Phone Number _____