

Print out this form and mail it to: Archives, Archdiocese of Dubuque, 1229 Mt. Loretta Avenue, Dubuque, IA 52003 or open file in Adobe Reader, fill out form and save (File > Save As) to your Desktop. Once saved, create a new email to: [DBQCAO@dbqarch.org](mailto:DBQCAO@dbqarch.org), attach file and send.

**Archives of the Archdiocese of Dubuque  
Sacramental Records Request**

Request Date: (MM/DD/YY)

Items 1-7 must be completed for each entry.

1) Name of PARISH **and** CITY in which sacrament was performed:

2) Name of SACRAMENT:

3) NAME at time of Sacrament:

4) Approximate DATE of Sacrament:

5) Date **and** Place of BIRTH:

6) Name of FATHER:

7) Name of MOTHER:

8) For Baptism record requests – NAME(s) OF GODPARENTS:

9) If this is not your own record, what is your relationship to the person(s)?

Requestor:

Address:

City, State, Zip:

Phone Number:

Email Address:

**Please fill the following section if different from Requestor**

Send to:

Address:

City, State, Zip:

SIGNATURE:

(Signature of Requestor)

PLEASE NOTE: A COPY OF A PHOTO IDENTIFICATION MUST ACCOMPANY THIS FORM.