

DIOCESE OF CORPUS CHRISTI
Genealogy Request Form

Please print and fill out this form and return with a copy of government issued photo ID and research fee via **surface mail only** to: *Diocese of Corpus, Attn: Archives/Records, PO Box 2620, Corpus Christi, TX 78403.* Staff will process transcript requests only after receiving the above material.

Make checks payable to Diocese of Corpus Christi. The fee is \$20 per sacrament requested and is non-refundable even should no record be located

TYPE OF RECORD REQUESTED: BAPTISMAL MARRIAGE DEATH
(Please circle all that apply)

NAME OF PERSON AT TIME SACRAMENT RECEIVED: _____

NAME OF SPOUSE: _____
(only if requesting marriage record)

FATHER'S FULL NAME: _____

MOTHER'S MAIDEN NAME _____

PARISH AND/OR CITY WHERE
SACRAMENT MOST LIKELY OCCURRED: _____

PLACE OF BIRTH or CLOSE
APPROXIMATION: _____

DATE(S) OF BIRTH, MARRIAGE or DEATH (SPECIFY):

Please include any additional information that may assist in locating the record. Use the back of this form for additional space.

REQUESTED BY: NAME: _____ DATE: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____ E-MAIL: _____

SIGNATURE _____ DATE _____

Form of Identification / Driver's License (State & #) or Other _____