



Archdiocese of Mobile

Genealogical Research—Individual Sacramental Request

Request Date: _____

Person making request: _____

Address _____

City, State, Zip _____

Daytime Phone Number, including area code _____

Email Address: _____

Parish in which Sacrament was performed: _____

Name of Sacrament (check one): Baptism Marriage Burial

Name at Time of Sacrament : _____

Date of Sacrament: _____

Date of Birth: _____

Name of Parents (include mother's maiden name):

Any other information that you feel will help in locating the information:

Each request must include payment of \$10 and be mailed to:

**Archdiocese of Mobile Archives
Genealogical Research
14 South Franklin Street
Mobile, AL 36602**