



SACRAMENTAL RECORDS RELEASE REQUEST
ARCHDIOCESE OF MIAMI
- *Marriage Certificate* -

Before completing this form, please read carefully the Archdiocesan policy on sacramental records (cf. www.miamiarch.org/vgchancellor). Please print clearly.

Full name of the Groom: _____

Full maiden name of the Bride: _____

Name of Witnesses: _____ and _____

Name of Parish (or Mission) where marriage took place:

City in which parish/mission is located: _____

Date of Marriage: _____ (*circle one: exact / approximate*)
(e.g., January 1, 1989)

Name of the Officiant of the Marriage: _____

Name of person requesting certificate: _____

Street address: _____

City, State, Postal code: _____

Country: _____

Daytime phone number: _____

Reason for request (check one):

sacramental; annulment; civil purpose; other: _____

I have read the policy of the Archdiocese of Miami on sacramental records and I attest that I am requesting my own certificate. This request is not made for genealogical purposes.

Signature: _____ Date: _____

Please mail this request to:

Archdiocese of Miami
Office of the Chancellor
9401 Biscayne Boulevard
Miami Shores, Florida 33138

The marriage certificate will be sent only by mail; not by e-mail, fax, etc. Please allow two months for a reply.