

**DIOCESE OF CORPUS CHRISTI**  
**Authorization for Release of Information**

Please print and fill out this form and return with a copy of government issued photo ID of both persons to Diocesan Archives staff. Electronic copies will not be accepted. Staff will release certificates after receipt of properly completed Authorization form.

I, \_\_\_\_\_,  
(name)

hereby authorize the Catholic Diocese of Corpus Christi and \_\_\_\_\_,  
(parish name)

located in \_\_\_\_\_, Texas, to release a copy of the  
(city)

\_\_\_\_\_ of \_\_\_\_\_  
(type of record/sacrament) (name on certificate,  
must be person listed above or their minor child)

to \_\_\_\_\_.  
(self or name of other person/institution)

I agree to indemnify and hold harmless the Roman Catholic Diocese of Corpus Christi, its Bishop and successors in office, the aforesaid parish and all other persons connected with them from any liability for releasing this information pursuant to my request.

\_\_\_\_\_  
(Authorization Signature) (Date) (Driver's License, State and #)

NOTE: The person authorizing release must be the **person named** in the certificate or the **parent of a minor child**; the **spouse** or **adult child** if the named person is deceased.

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone Email

NOTARIZATION: I, \_\_\_\_\_, Notary, do hereby certify  
(print name of Notary)

that the above named individual seeking the release of confidential information did appear before me in person with sufficient identification.

\_\_\_\_\_  
(Notary Signature and Seal)