



Catholic Historical Research Center
of the
Archdiocese of Philadelphia

Please complete the form, along with a check or money order for \$20, made out and returned to Catholic Historical Research Center, 6740 Roosevelt Blvd. Philadelphia, PA 19149.

NO FEE IS NEEDED FOR A CHURCH REQUIREMENT REQUEST

For any questions or additional information please contact CHRC at (215) 904-8149 and archives@chrc-phila.org.

REASON FOR REQUEST:

GENEALOGY MY OWN RECORDS CHURCH REQUIREMENT

TYPE OF RECORD(S) OF INTEREST:

BAPTISMAL MARRIAGE ORPHANAGE

REQUIRED INFORMATION:

NAME OF PERSON(S) BEING RESEARCHED: _____

FATHER'S FULL NAME (IF KNOWN): _____

MOTHER'S MAIDEN NAME (IF KNOWN): _____

PARISH AND/OR ADDRESS ASSOCIATED WITH PERSON(S) BEING RESEARCHED: _____

DATE(S) OF BIRTH, MARRIAGE or BURIAL (SPECIFY): _____

ADDITIONAL INFORMATION (Please use back of form)

REQUESTED BY:

NAME: _____ DATE: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____ E-MAIL: _____

SIGNATURE _____ DATE _____