



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-philadelphia.org](mailto:archives@chrc-philadelphia.org).

**REASON FOR REQUEST:**

GENEALOGY  MY OWN RECORDS  CHURCH REQUIREMENT

**TYPE OF RECORD(S) OF INTEREST:**

BAPTISMAL  MARRIAGE  ORPHANAGE  SISTERS OF THE BLESSED SACRAMENT

**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: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_