

Diocese of Monterey in California
Archives Department
P.O. Box 2048
Monterey, CA 93942-2048
831-373-2127

APPLICATION FORM FOR FAMILY HISTORY INFORMATION

Rev. Carl M.D. Faria, Archivist

Mr. Paul E. Trejo, Genealogist

Date _____
Applicant's Name _____
Physical Address _____ City _____ State _____
Phone _____ alternate phone _____
Catholic (Arch)Diocese where you reside _____

***To protect your privacy we will mail search results to your nearest Catholic Church. You will need to show valid identification to pick up your Sacrament certificate(s). The church will call you when they receive the search results from our office.**

INFORMATION DESIRED

Name of person to be searched. (Please print or type only one name per sheet. You may make copies of this sheet as needed).

Date of Birth: _____
City of Birth or residence during time of event _____
Father's Name: _____
Mother's First and Maiden Name: _____

INFORMATION REQUESTING

Baptism _____ **Confirmation** _____ **Marriage** _____ **First Communion** _____ **Death** _____
Church or Mission of Event: _____
Date of Sacrament or Ceremony _____

***Please use back of this form to supply any additional information that will be useful in locating the desired record such as city of residence at time, names of godparents, siblings or priest, etc.**

Your inquiry will be researched as soon as possible. A \$20.00 non-refundable donation is requested for the first Sacrament or ceremony researched, and \$10.00 for any additional sacrament or ceremony for that same person. *THERE IS NO CHARGE FOR SACRAMENT RECORDS FOR ONE'S SELF OR ONE'S PARENTS.*

***Please note that the information provided is confidential. You are attesting that you are related to the above named person by filling out this application.**