

**CHURCH OF THE
BLESSED SACRAMENT**

607 Central Avenue
Albany, New York 12206-1918



Genealogy Research Request Form

Name: _____

(Individual, Parish, Department, Organization, Affiliate, School)

Address: _____

Phone: _____

Email: _____

Do you want results sent in .pdf form by e-mail? (circle) Yes or No

Payment Information:

- \$10 per individual request for sacramental record information (prior to 1/1/1931)
- \$25 per hour for general research (includes cost of photocopies and postage to mail findings)

*All fees must be paid before researchers receive their final product or research findings. Payment may be in the form of check or cash. No credit cards are accepted. Make checks payable to the **Blessed Sacrament** and note **Archives** in the subject line.*

Baptismal Information Request

Institution/Parish/City: _____

Parents (incl. mother's maiden name): _____

Godparents: _____

List each child by name (incl. birth date and parish/city if different from above):

1. _____

2. _____

3. _____

4. _____

Estimated year sacrament took place: _____

Additional Information:

Other Sacramental Record Information Request : (circle below)

First Communion Confirmation Matrimony Holy Orders

Name of Individual(s): _____

Approximate date of Sacrament or Birth (indicate which one): _____

Mail completed form to:
Blessed Sacrament Church
607 Central Avenue
Albany, New York 12206
or
blessedsacramentalb@gmail.com

(over)

Other Research Request (provide as much detail as possible):

Mail completed form to:
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