



SACRAMENTAL RECORDS RELEASE REQUEST  
ARCHDIOCESE OF MIAMI  
- Marriage Certificate -

*Before completing this form, please read carefully the Archdiocesan policy on sacramental records (cf. [www.miamiarch.org/vgchancellor](http://www.miamiarch.org/vgchancellor)). Please print clearly.*

Full name of the Groom: \_\_\_\_\_

Full maiden name of the Bride: \_\_\_\_\_

Name of Witnesses: \_\_\_\_\_ and \_\_\_\_\_

Name of Parish (or Mission) where marriage took place:

\_\_\_\_\_

City in which parish/mission is located: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ (circle one: exact / approximate)  
(e.g., January 1, 1989)

Name of the Officiant of the Marriage: \_\_\_\_\_

Name of person requesting certificate: \_\_\_\_\_

Street address: \_\_\_\_\_

City, State, Postal code: \_\_\_\_\_

Country: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_

Reason for request (check one):

☐ sacramental; ☐ annulment; ☐ civil purpose; ☐ other: \_\_\_\_\_

*I have read the policy of the Archdiocese of Miami on sacramental records and I attest that I am requesting my own certificate. This request is not made for genealogical purposes.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Please mail this request to:

Archdiocese of Miami  
Office of the Chancellor  
9401 Biscayne Boulevard  
Miami Shores, Florida 33138

*The marriage certificate will be sent only by mail; not by e-mail, fax, etc. Please allow two months for a reply.*