



Patricia Walls Stamm, CG, CGL  
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**CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION**

I authorize Patricia Walls Stamm, for the purpose of genealogical research,  
 to inspect the records of and to obtain information regarding:



I understand that these records may be protected under Church, State or Federal Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise provided for in these regulations. I also understand that I may revoke this consent at any time, although the work already done cannot be reversed, and that in any event this consent expires within \_\_\_\_\_ months from date of execution (or upon the happening of the following event or condition

\_\_\_\_\_ ).

In no event shall this consent have duration longer than that reasonably necessary to accomplish the purpose for which it is given.

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

Phone Number: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_