



# St. John Baptist de la Salle Parish

5706 Sargent Rd., Chillum MD 20782  
Telephone: (301) 559-3636 Fax: (301) 559-3062

## SACRAMENT CERTIFICATE REQUEST

- Baptism                       First Communion                       Confirmation  
 Matrimony                       Another document: \_\_\_\_\_

Full name of the person who received the Sacrament: \_\_\_\_\_

Parents' names: \_\_\_\_\_

God's Parents Name: \_\_\_\_\_

Full Name of the Person requesting: \_\_\_\_\_

City of Birth: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

Date of Birth:    \_\_\_\_\_  
                          Month      Day      Year

Date of Sacrament:    \_\_\_\_\_ (If the date is unknown please put the approximate year)  
                          Month      Day      Year

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

ZIP code: \_\_\_\_\_ Telephone (C/H): (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_