St. Catherine of Siena Parish
Request for Sacramental Certificate

Date: ____________________________

Baptism ☐  First Communion ☐  Confirmation ☐  Marriage ☐

Full Date or Month and Year of Sacrament: (Must be supplied)

Full Name of Person: ____________________________

Parent’s Name: ____________________________

All requests are sent directly to Churches or you may pick-up with proper identification.
No certificates can be sent/mailed to individual’s homes:

Fax or Mail to: (All information must be supplied)

Church: ____________________________

Attn: Reverend: ____________________________

Church Address: ____________________________

City and Zip: ____________________________

Phone number: ____________________________

Church Email / Fax: ____________________________

Person requesting information: ____________________________

Email address: ____________________________

For what purpose: ____________________________

Call to pick-up: (___) ____________________________ Verified ID ☐

(must be person on certificate or mother/father)

Picked up on: ____________________________ Page / Entry# ____________________________

(office only)

Mailed or sent on: ____________________________ By: ____________

For faster response, please email your request to stcathmtz@yahoo.com or FAX (925) 228-1318

Sdl-8/2018  Please allow minimum of 2 weeks after receipt of request.