

# *Cathedral of Saint Mary of the Immaculate Conception*

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## **SACRAMENT CERTIFICATE REQUEST FORM**

**The normal processing time is one to two weeks.**

Please complete this form to the fullest extent possible.

In order to protect the confidentiality of this record, certificates will only be issued to the individual named on the certificate, the parent or guardian of a minor child, or a requesting parish or diocese.

**No certificates are issued for genealogical purposes.**

Full name of the person whose certificate is being requested: \_\_\_\_\_

Other names by whom this person has been know (maiden name, etc.) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Approximate Date of Baptism: \_\_\_\_\_

Type of Certificate Requested (ex. Baptism, Confirmation, Marriage, etc.) \_\_\_\_\_

Sacrament Record Needed for: \_\_\_\_\_

### **AUTHORIZATION TO RELEASE INFORMATION**

\_\_\_\_ I authorize St. Mary Cathedral to release a copy of my certificate to:

Church: \_\_\_\_\_

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

City, State, and Zip: \_\_\_\_\_

### **REQUESTER'S CONTACT INFORMATION:**

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

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

City, State, and Zip: \_\_\_\_\_

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

Relationship to the baptized person: \_\_\_ Self \_\_\_ Parent / guardian of minor child \_\_\_ Parish / Diocese

**I certify that I have read the above information and that I am requesting my own certificate or that of my minor child.**

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

\_\_\_\_ I will pick up my certificate and provide identification. (ex. driver's license, state id, passport)

\_\_\_\_ Please mail my certificate.