



ST. BARTHOLOMEW the APOSTLE

ROMAN CATHOLIC CHURCH

SACRAMENTAL RECORD REQUEST

Please complete the form then mail or fax it to St. Bartholomew.

*Information about the person who received a sacrament at
St. Bartholomew the Apostle Roman Catholic Church*

First Name: _____ Middle Name: _____

Last Name: _____

Maiden Name (If Applicable): _____

Date of Birth: _____

Sacrament (s) Received: Baptism First Holy Communion Confirmation Marriage

If known, the date (s) the Sacrament (s) were made:

Who is making this request?

Full Name: _____

Phone Number: _____

Email Address: _____

Who are we mailing this record to?

Full Name: _____

If being sent to a church, the Name of the Church: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number (if known): _____

Email (if known): _____