



REQUEST FOR SACRAMENTAL RECORDS

Date: _____

Record Requested:

- _____ Baptism
- _____ First Holy Communion
- _____ Confirmation
- _____ Marriage

Name as stated on certificate: _____

Birthdate: _____ Date of sacrament: _____

Father's full name: _____

Mother's full name/maiden: _____

Any other pertinent information: _____

Name of person requesting certificate: _____

Relation: (self, parent, legal guardian, parish office) _____

Phone Number: _____

Address: _____

Fax to: _____ at _____

Fax # _____

Note: Allow one week after receipt of request in the parish office for processing.

Office Use Only:

Date Request Received: _____

Date Processed: _____

Date Faxed: _____

Date picked-up: _____