

Holy Family of Joseph, Mary and Jesus Catholic Church  
704 Mallette  
Victoria, Texas 77904  
361-573-6053 fax / parish@hfccvic.org

**SACRAMENTAL CERTIFICATE REQUEST FORM**

Date of Request: \_\_\_\_\_

Certificate Requested: Baptismal \_\_\_\_\_ Baptismal with notations \_\_\_\_\_ Confirmation \_\_\_\_\_  
Marriage \_\_\_\_\_

Full name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Sacrament: \_\_\_\_\_

Sponsors: \_\_\_\_\_

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

Mother's Name (maiden): \_\_\_\_\_

Person Requesting Certificate: \_\_\_\_\_

Relationship to Person: \_\_\_\_\_

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

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

Mail Certificate? \_\_\_\_\_ Certificate to be picked up in person? \_\_\_\_\_

Notes/or additional information:

**For Office Use**

Date of Request Completion: \_\_\_\_\_

Person Completing Request: \_\_\_\_\_

Date Mailed: \_\_\_\_\_

Date Picked Up: \_\_\_\_\_