

Request for Sacramental Record

Record requested: Baptism First Reconciliation First Communion
 Confirmation Marriage Ordination

Requested by: _____ Date _____
(must be parent or legal guardian of a minor, OR adult requesting his/her own records OR Catholic church)

Daytime phone: _____

Will pick up Mail to _____
Address _____
City, State _____ Zip _____

Name on record: (First, Middle and Last) _____

Parents: (Father) _____

(Mother, include maiden name) _____

Date of birth: (month, day, year) _____

Place of birth: (city, state) _____

Date of Sacrament: _____

By Rev: _____

Sponsors/Witnesses: _____ and

Notations: _____

Verification completed on (date) _____ By (name) _____