

Saints Joseph & Michael Church

1314 Central Avenue

Union City, New Jersey 07087

Ph. 201-865-2325 Fax 201-348-4412

Email: SSJMNJ@outlook.com

SACRAMENTAL REQUEST FORM

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

Completed Request Form and \$10 Processing Fee can be sent to the address above.

No certificates are issued for genealogical purposes.

PLEASE PRINT CLEARLY

If Sacrament took place *before* 1984, in which Church did it take place?

Saint Joseph's Church

Saint Michael's Church

Requesting: Baptismal Certificate First Communion Certificate Confirmation Certificate Marriage Certificate

What date did the sacrament for the requested certificate take place? _____

Full Name at Time of Baptism: _____

Father's Full Name _____

Mother's Full Maiden Name _____

Date of Birth _____ Date (Year) of Baptism _____

Church of Baptism/ City/ State _____

Godfather _____ Godmother _____

Holy Communion _____

Church

City/State

Date (Year)

Confirmation _____

Church

City/State

Date (Year)

Marriage _____

Name of Spouse

Church

City/State

Date

Person requesting certificate _____

Mailing Address _____

Daytime Phone Number _____

Purpose for Request: Sacramental Annulment Civil Purpose

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

Signature _____ Date _____