

SACRAMENT REQUEST FORM

[Rev 1-22-2018]

IMPORTANT: PLEASE PRINT CLEARLY

Request for a record of the Sacrament of _____

Full Name: (First – Middle – Last) _____

Maiden name, if applicable: _____

Date of Birth: _____ Place of Birth: _____

Date Sacrament was celebrated: (month - day - year, as accurate as possible) _____

Father's Full Name: _____

Mother's Full Name: _____

Mother's Maiden Name: _____

Contact info:

Name of person requesting _____

If not the name on the Sacramental record, what is your relationship to the name on the sacramental record: _____

Address: _____

Best Phone Number: _____

Best Email: _____

Please submit this completed form by mail (or fax) to the Parish Office.

***If, you include a self-addressed, stamped return envelope, the record will be mailed to you at the address listed above. Otherwise, you will have to pick up the record at the Religious Education office.

If you gave your email, you will be notified when the record is placed in the mail.

Thank You!

OFFICE USE ONLY

Staff Worksheet for Sacramental Registry Info

[Rev 1-22-2018]

Baptism Registry

Communion Registry

Confirmation Registry

Bk _____ Pg _____ Ln _____

Bk _____ Pg _____ Ln _____

Bk _____ Pg _____ Ln _____

Recorded as:

Name (as recorded) _____

Address _____

Date of Birth _____

Place of Birth _____

Date of Baptism _____

Date of Communion _____

Date of Confirmation _____

Place of Baptism
Church _____

Place of Communion
Church _____

Place of Confirmation
Church _____

Location _____

Location _____

Location _____

Celebrated
by _____

Celebrated
by _____

Celebrated
by _____

Confirmation Saint Name:

Parent info

Father _____

Mother _____

Godparent or Sponsor

1 _____

2 _____

Note if one is Christian Witness (CW)

Proxies _____

Entered ParishSoft _____ Certificate(s) Yes _____ No _____

If yes: Baptism _____ Updated Baptism _____ Communion _____ Confirmation _____

NOTATIONS: _____
