



FOR OFFICE USE ONLY  
Picked Up: \_\_\_\_\_  
Initials: \_\_\_\_\_

**SACRAMENT CERTIFICATE REQUEST FORM**

The normal processing time is one to two weeks.

Please complete this form to the fullest extent possible.

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 or diocese.

**•NO CERTIFICATES ARE ISSUED FOR GENEALOGICAL PURPOSES•**

Full name of the person whose certificate is being requested:

\_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Last

Other names by whom this person has been known (maiden name, etc.):

\_\_\_\_\_

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

Father's Name: \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Last

Mother's Maiden Name: \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Maiden

Type of Certificate Requested (check all that apply)

- Baptism       First Communion       Confirmation       Marriage

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

**AUTHORIZATION TO RELEASE INFORMATION**

- I authorize St. Ann Catholic Church to release a copy of my sacramental certificate(s) to :

Church: \_\_\_\_\_

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

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

Email Address: \_\_\_\_\_

- I will pick up my certificate(s) and provide identification.

You will be asked to provide your driver's license or ID when you pick up your certificate

- I authorize the following person(s) to pick up my certificate(s) and provide identification:

\_\_\_\_\_  
\_\_\_\_\_

**REQUESTOR'S INFORMATION**

Name of person requesting certificate: \_\_\_\_\_

Relationship to the person who's certificate is being requested:

- Self       Parent of Minor Child

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

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

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Signature: \_\_\_\_\_