



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 Date: _____ First Communion Date: _____ Confirmation Date: _____ Marriage 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: _____

submit