



St. John the Baptist • San Juan el Bautista
 ROMAN CATHOLIC CHURCH • IGLESIA CATOLICA ROMANA

REQUEST FOR SACRAMENTAL CERTIFICATES

Name of person making the request: _____
 If not person who received the sacrament(s), what is your relation? _____
 Your Address: _____ Apt. #: _____
 City: _____ State: _____ Zip Code: _____ Phone No: _____

Baptism Certificate:

Name of person baptized: _____
 Father's Name: _____ Mother's Maiden Name: _____
 Place of birth: _____ Date of birth: _____
 Date of Baptism: _____
 Name of Godparents: _____ & _____

First Communion Certificate:

Name of person who made Communion: _____
 Father's Name: _____ Mother's Maiden Name: _____
 Place of birth: _____ Date of birth: _____
 Church of Baptism: _____ Date of Baptism: _____
 Date of First Communion: _____

Confirmation Certificate:

Name of person who made Confirmation: _____
 Father's Name: _____ Mother's Maiden Name: _____
 Place of birth: _____ Date of birth: _____
 Church of Baptism: _____ Date of Baptism: _____
 Date of Confirmation: _____

Marriage Certificate:

Groom: _____ **Bride:** _____
 Date of Marriage: _____
Groom's Church of Baptism: _____ Date: _____
 Father's Name: _____ Mother's Maiden Name: _____
Bride's Church of Baptism: _____ Date: _____
 Father's Name: _____ Mother's Maiden Name: _____

This is to certify that I, _____, (your signature) have received a copy of certificate for person named above.

Proof of I.D.: ___ Driver's License; ___ Passport; ___ NYS Photo I.D.; ___ Other, (specify)

"Spirit driven, Gospel Livin'!" "Movidos por el Espiritu, Unidos por el Evangelio!"