

# **Sacramental Certificate Request Form**

## **Saint Patrick Church**

Certificates will only be issued to the individual named on the certificate, the parent or guardian of a minor child, or a requesting parish.

### **Please Print Clearly:**

Full name at time of Baptism: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Mother's Full Maiden Name: \_\_\_\_\_

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

Age at Baptism: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_

Age at Profession of Faith: \_\_\_\_\_ Date of Profession of Faith: \_\_\_\_\_

Name of Priest/Deacon who officiated: \_\_\_\_\_

Godfather/Christian Witness: \_\_\_\_\_

Godmother/Christian Witness: \_\_\_\_\_

Holy Communion \_\_\_\_\_

Church

City/State

Date

Confirmation \_\_\_\_\_

Church

City/State

Date

Marriage: \_\_\_\_\_

Church

City/ State

Date

Name of Spouse: \_\_\_\_\_

Requesting:  Baptism certificate or Profession of Faith certificate with Notations

First Communion certificate

Confirmation certificate

Marriage certificate

Person requesting certificate: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

I am requesting my own certificate or that of my minor child.  Yes  No

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

Reason for Request:  Sacramental  Annulment  Civil Purpose  Other: \_\_\_\_\_

I understand that the information on this certificate is private and the property of the Diocese of Arlington. It cannot be used for public or commercial reasons without the expressed written permission of the Bishop.

To be valid, certificates must be mailed to you; they cannot be emailed or faxed. Please return request with a stamped, self-addressed #10 (business size) envelope to: **Saint Patrick Catholic Church, 9149 Elys Ford Rd, Fredericksburg, VA 22407. 540-785-5299**