

Staff Worksheet for Sacramental Registry Info

Baptism Registry

Communion Registry

Confirmation Registry

Bk _____ Pg _____ Ln _____

Bk _____ Pg _____ Ln _____

Bk _____ Pg _____ Ln _____

Recorded as:

Name (as found 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 _____

Baptism Godparent:

1 _____

2 _____

Note if anyone named above is Christian Witness (CW)

Confirmation Sponsor:

Proxies for Baptism:

Proxy for Confirmation:

Entered/Updated ParishSoft _____ Certificate(s): Yes _____ No _____

If yes, certificate(s) issued: Baptism _____ Updated Baptism _____ Communion _____ Confirmation _____

If no, place explanation in NOTATIONS below.

NOTATIONS: _____

SACRAMENT REQUEST FORM

[Rev 10-08-2019]

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. Otherwise, you will have to pick up the record at the Religious Education office. If you give your email, you will be notified when the record is mailed (if providing a SASE) or is available to be picked up.

Request for a certificate for the Sacrament of:

- ☐ Baptism
- ☐ Updated-Baptism (necessary for: Preparation for Marriage)
- ☐ First Holy Communion
- ☐ Confirmation
- ☐ Marriage

IMPORTANT: PLEASE PRINT CLEARLY

Full Name: (As on Birth Certificate; First – Middle – Last)

Maiden name, if applicable: _____

Date of Birth: _____ Place of Birth: _____

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

For Updated-Baptism: was First Communion at St. Andrew? If yes, year: _____

was Confirmation at St. Andrew? If yes, year: _____

Father's Full Name: _____

Mother's Full Name: _____

Mother's Maiden Name: _____

Contact info:

Name of person requesting the Sacramental record _____

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

Requesting person's address: _____

Best Phone Number: _____

Best Email: _____