

St. Brendan Catholic Church

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MAIL

 $8725 \text{ S.W. } 32^{\text{nd}} \text{ St}$. Miami . FL 33165 . Tel. (305) 221-0881

CERTIFICATE REQUEST

DATE:		RECEIVED BY:			
NAME OF PERSO	ON REQUESTING CERTIFICATE:				
RELATIONSHIP:		FAMILY NO.:			
ADDRESS:					
		CITY	STATE ZIP CODE		
HOME PHONE:		CELL PHONE: _			
	PLEASE PLACE A	CHECK MARK NEXT TO YOU	JR REQUEST(S)		
BAPTISM	FIRST COMMUNION _	CONFIRMATION	MARRIAGE*		
NAME		DATE OF BIRTH	DATE OF SACRAMENT		
		ON:			
		IAME OF SPOUSE, IF WIFE, PLEASE			
		40			
CERTIFICATE FEE: \$12.00 each Certificate. PLEASE ALLOW ONE WEEK FOR CERTIFICATES. RECEPTIONIST WILL CALL WHEN CERTIFICATES ARE READY.					
	Certificates will b REQUESTING A SACRAMENTAL C Sacramental certificates are iss Requests for sacramental	pe mailed after one week if they are in CERTIFICATE (Archdiocese of Miami Sa ued by the pastor of the parish where certificates are to be made by contact	not picked up. cramental Certificates Policy) the sacrament is recorded.		
		*****FOR OFFICE USE ONLY****			
Paid: CASH:	CK:	CK. NO	CREDIT:		
Processed by: _		Remarks:			
Date received:		Date of completion:			