

**CHURCH OF SAINT ADALBERT**  
Sacramental Certificate Request Form

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 certificates: the parent or guardian of a minor child, or a requesting parish or diocese.

**No certificates are issued for genealogical purposes.**

Name of the person who certificate is being requested: \_\_\_\_\_

Date of Birth of person who certificate is being requested: \_\_\_\_\_

Other names by whom this person has been known: (maiden name, etc.) \_\_\_\_\_

Name of the person requesting certificate: \_\_\_\_\_

Relationship to person who certificate is be requested:  Self     Parent of minor child     Parish

Requesting:             Baptismal Certificate            \_\_\_\_\_

Approximate Date of Sacrament

First Communion Certificate            \_\_\_\_\_

Approximate Date of Sacrament

Confirmation Certificate            \_\_\_\_\_

Approximate Date of Sacrament

Marriage Certificate            \_\_\_\_\_

Approximate Date of Sacrament

Requester's Contact Information:

Street 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 \_\_\_\_\_ Date \_\_\_\_\_

Complete this form and return via email or US mail to:

Augustine Mai, St. Adalbert Church, 265 Charles Ave, St. Paul, MN 55103 or StAdalbert@comcast.net

Questions: (651) 228-9001 Mon,Wed, Thu. Please allow 10 business days to complete your request.

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*For office use only:* Volume \_\_\_\_\_ Page \_\_\_\_\_ R\_\_\_\_\_ Fulfillment \_\_\_\_\_