

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.) _____

Father's name: _____ Mother's name: _____

Sponsor's name: _____ Presider's name: _____

Name of the person requesting certificate: _____

Relationship to person who certificate is being 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 _____

To prevent identity theft or fraudulent request, please attached a scanned image of your photo Identification card such as a valid Driver License for proof of Identity, or make an appointment to stop by the office during my office hour to proof your identity.

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.

For office use only: Volume _____ Page _____ R _____ Fulfillment _____