



## REQUEST FOR SACRAMENTAL RECORD

Date of request: \_\_\_\_\_ Date needed by: \_\_\_\_\_

Type:  Baptism  Profession of Faith  First Communion  
 Confirmation  Marriage

Reason for Request: \_\_\_\_\_

Full Name: \_\_\_\_\_  
(First) (Middle) (Last) (Maiden)

Name Changes (if any): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Church: \_\_\_\_\_

Date of Sacrament: \_\_\_\_\_ Priest/Deacon: \_\_\_\_\_

Parents: \_\_\_\_\_

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

Godparents/Sponsors: \_\_\_\_\_

Name and address of parish where certificate should be mailed:

\_\_\_\_\_  
\_\_\_\_\_

Attn: \_\_\_\_\_

Phone: \_\_\_\_\_

Requester's Name (Please print): \_\_\_\_\_

Alt. Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
Requestor's Signature

\_\_\_\_\_  
Date

Please return completed form to: **St. Joseph Catholic Church, Attn: Sacramental Records**  
**6600 Highland Drive | Vancouver, WA 98661**