Saint Joseph CATHOLIC CHURCH
6600 Highland Drive + Vancouver WA 98661-7638
(360) 696-4407 FAX (360) 696-3959 www.stjoevan.org

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