

St. John the Baptist · San Juan el Bautista

ROMAN CATHOLIC CHURCH . IGLESIA CATOLICA ROMANA

REQUEST FOR SACRAMENTAL CERTIFICATES

Name of person making the	request:				
f not person who received the	ne sacramer	nt(s), what is yo	our relation?		
Your Address:			Apt.	#:	
Your Address: City:	State:	Zip Code: _	Phone No:		
Baptism Certificate:					
Name of person paptized:		Matharia	Maidan Nama:		
Father's Name:		Mother's Maiden Name:Date of birth:			
Place of birth:			Date of	Dirui.	
Date of Baptism:			o o		
Name of Godparents:			🛚 🔻	***************************************	
First Communion Certifica	te:				
Name of person who made	Communion	*			
Father's Name:		Mother's N	/laiden Name:		
Dlaca of hirth:			Date of	DIFUT:	
Church of Baptism:			Date of Baptism:		
Date of First Communion:					
O Character Contidents					
Confirmation Certificate:	Canfirmatia	n•			
Name of person who made Father's Name:	Commination	Mother's N	/laiden Name		
Place of high		WOULE S I	Date of	hirth:	
Place of birth: Church of Baptism:			Date of Rantism:	Dirdr.	
Church of Baptism.			Date of Daptions		
Date of Confirmation:					
Marriage Certificate:					
Groom:		Bride	*		
Date of Marriage: Groom's Church of Baptisn					
Groom's Church of Baptisn	n:		Date: _		
Father's Name:		IVIOTNER	s Maiden Name:		
Bride's Church of Baptism:		•	Date:		
Father's Name:		Mother'	's Maiden Name:		
This is to cortify that I			(vour sig	nature) have received	
This is to certify that I, a copy of certificate for pers	on named a	bove.	, (you, oig.	ididio) ilavo todottod	
'					
Proof of I.D.:Driver's l	_icense;	_Passport;I	NYS Photo I.D.;	_Other, (specify)	
"Spirit driven, Gospel L	.ivin'!" "N	Aovidos por el	Espíritu, Unidos 1	oor el Evangelio!"	
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