

## **Sacramental Request Form**

**Sacred Heart Parish, 1739 Ferry Avenue, Camden, NJ 08104**

[www.sacredheartofcamden.com](http://www.sacredheartofcamden.com) email: [parishoffice@sacredheartofcamden.com](mailto:parishoffice@sacredheartofcamden.com)

**(856) 966-6700 Fax: (856) 756-0102**

In order to protect the confidentiality of these records, certificates will only be issued to the individual named on the certificate, the parent or guardian of a minor child, a requesting parish or a diocesan institution.

Full name at baptism: \_\_\_\_\_

Father's full name: \_\_\_\_\_

Mother's full maiden name: \_\_\_\_\_

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

Age at Baptism: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_ Church of Baptism: \_\_\_\_\_

Holy Communion: \_\_\_\_\_

Church

City/ State

Date:

Confirmation: \_\_\_\_\_

Church

City/State

Date:

Marriage: \_\_\_\_\_

Church

City/ State

Date:

Requesting:   \_\_\_ Baptismal Certificate                      \_\_\_ First Communion Certificate

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

Person requesting certificate \_\_\_\_\_

Address: \_\_\_\_\_

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

*I have read the above information and certify I am requesting my own certificate, or that of my minor child, or I am from a requesting parish of Diocesan Institution.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Request:   \_\_\_ Sacramental           \_\_\_ Annulment           \_\_\_ Civil Purpose

To be valid, certificates must be mailed. They cannot be emailed or faxed.

Please return this completed form by mail or fax to the address above.