



**Immaculate Heart of Mary Church
Claretian Missionaries
617 S. Santa Rosa Ave. • San Antonio, Texas 78204-3122**

**SACRAMENTAL CERTIFICATE REQUEST
(PLEASE PRINT)**

- This form is for the use of requesting a Copy of your sacramental Certificate.
- **Once the request form is received, please allow 7 –10 days for processing.** You will be contacted once certificate(s) are completed. If there is any problem, we will contact you at the number provided.
- 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 diocese

• Please fill out the form completely—If Baptism Date is not known please leave blank.

Full Name on Certificate: _____

Date of Birth: ____ / ____ / ____ Place of Birth: _____

Father's Name: _____

Mother's Name (w/Maiden Last Name): _____

Need a copy of:

SACRAMENT	DATE OF SACRAMENT
BAPTISM	
1st COMMUNION	
CONFIRMATION	

Current or Parent Information:

Name: _____

Address: _____

Phone Number: _____ Email: _____

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:** _____

Pick Up Copy (Valid Photo ID Required)

Mail Copy to Church

Church Name: _____

Address: _____

Fax / Email Copy To Parish

Church Name: _____ Attn: _____

Fax Number: _____ Email: _____

Date Received: _____ ID Copy Attached: YES / NO Paid: \$ _____ Date: _____

of Copies: _____ Date Completed: _____ Date Picked—Up: _____