

# Our Lady Queen of Heaven Catholic Church

11150 Macdona-LaCoste Rd. / P.O. Box 94

Atascosa, TX 78002

[admin@olqh-tx.com](mailto:admin@olqh-tx.com) (210) 622-3457 or (210) 890-2040



## Sacramental Records Request Form

### Pedido de Certificado Sacramental

Request Date: \_\_\_\_\_

TYPE OF SACRAMENT REQUEST

<input type="checkbox"/> Baptism / Bautizo	<input type="checkbox"/> Communion / 1ra Comunion	<input type="checkbox"/> Confirmation / Confirmacion	<input type="checkbox"/> Marriage / Matrimonio	<input type="checkbox"/> RCIA
--	--	---	---	-------------------------------

Name at the time at the Sacrament:		
Date of Sacrament:	Age:	Date of Birth:
Name of the Father:		
Name of the Mother:		

Searches may take up to 7 **business days**, please plan accordingly.

Requestor:
Telephone Number:
Notes:

Send To:	Attention:	Pickup in Person:
Address: City, State, Zip:		
Signature:  _____		
<div style="border: 1px solid black; padding: 2px; display: inline-block;">(SIGNATURE OF NAMED RECIPIENT OR AUTHORIZED RECIPIENT OF DOCUMENT)</div>		

### ***For Office Use Only***

<input type="checkbox"/> Photo ID Verified: Notes:	\$ 5 Fee (If applicable) Paid: CA CK MO
Processed by:	Date Ready:
Date Received Request:	Date Pickup:

# Our Lady Queen of Heaven Catholic Church

11150 Macdona-LaCoste Rd. / P.O. Box 94

Atascosa, TX 78002

[admin@olqh-tx.com](mailto:admin@olqh-tx.com) (210) 622-3457 or (210) 890-2040



## Sacramental Records Request Form

### Pedido de Certificado Sacramental

Request Date: \_\_\_\_\_

TYPE OF SACRAMENT REQUEST

<input type="checkbox"/> Baptism / Bautizo	<input type="checkbox"/> Communion / 1ra Comunion	<input type="checkbox"/> Confirmation / Confirmacion	<input type="checkbox"/> Marriage / Matrimonio	<input type="checkbox"/> RCIA
--	--	---	---	-------------------------------

Name at the time at the Sacrament:		
Date of Sacrament:	Age:	Date of Birth:
Name of the Father:		
Name of the Mother:		

Searches may take up to 7 **business days**, please plan accordingly.

Requestor:
Telephone Number:
Notes:

Send To:	Attention:	Pickup in Person:
Address: City, State, Zip:		
Signature:  _____		
<div style="border: 1px solid black; padding: 2px; display: inline-block;">(SIGNATURE OF NAMED RECIPIENT OR AUTHORIZED RECIPIENT OF DOCUMENT)</div>		

### ***For Office Use Only***

<input type="checkbox"/> Photo ID Verified: Notes:	\$ 5 Fee (If applicable) Paid: CA CK MO
Processed by:	Date Ready:
Date Received Request:	Date Pickup:

# Our Lady Queen of Heaven Catholic Church

11150 Macdona-LaCoste Rd. / P.O. Box 94

Atascosa, TX 78002

[admin@olqh-tx.com](mailto:admin@olqh-tx.com) (210) 622-3457 or (210) 890-2040



## Sacramental Records Request Form

### Pedido de Certificado Sacramental

Request Date: \_\_\_\_\_

TYPE OF SACRAMENT REQUEST

<input type="checkbox"/> Baptism / Bautizo	<input type="checkbox"/> Communion / 1ra Comunion	<input type="checkbox"/> Confirmation / Confirmacion	<input type="checkbox"/> Marriage / Matrimonio	<input type="checkbox"/> RCIA
--	--	---	---	-------------------------------

Name at the time at the Sacrament:		
Date of Sacrament:	Age:	Date of Birth:
Name of the Father:		
Name of the Mother:		

Searches may take up to 7 **business days**, please plan accordingly.

Requestor:
Telephone Number:
Notes:

Send To:	Attention:	Pickup in Person:	
Address: City, State, Zip:			
Signature:  _____			
<table border="1"><tr><td>(SIGNATURE OF NAMED RECIPIENT OR AUTHORIZED RECIPIENT OF DOCUMENT)</td></tr></table>			(SIGNATURE OF NAMED RECIPIENT OR AUTHORIZED RECIPIENT OF DOCUMENT)
(SIGNATURE OF NAMED RECIPIENT OR AUTHORIZED RECIPIENT OF DOCUMENT)			

### ***For Office Use Only***

<input type="checkbox"/> Photo ID Verified: Notes:	\$ 5 Fee (If applicable) Paid: CA CK MO
Processed by:	Date Ready:
Date Received Request:	Date Pickup:

# Our Lady Queen of Heaven Catholic Church

11150 Macdona-LaCoste Rd. / P.O. Box 94

Atascosa, TX 78002

[admin@olqh-tx.com](mailto:admin@olqh-tx.com) (210) 622-3457 or (210) 890-2040



## Sacramental Records Request Form

### Pedido de Certificado Sacramental

Request Date: \_\_\_\_\_

TYPE OF SACRAMENT REQUEST

<input type="checkbox"/> Baptism / Bautizo	<input type="checkbox"/> Communion / 1ra Comunion	<input type="checkbox"/> Confirmation / Confirmacion	<input type="checkbox"/> Marriage / Matrimonio	<input type="checkbox"/> RCIA
--	--	---	---	-------------------------------

Name at the time at the Sacrament:		
Date of Sacrament:	Age:	Date of Birth:
Name of the Father:		
Name of the Mother:		

Searches may take up to 7 **business days**, please plan accordingly.

Requestor:
Telephone Number:
Notes:

Send To:	Attention:	Pickup in Person:
Address: City, State, Zip:		
Signature:  _____		
<div style="border: 1px solid black; padding: 2px; display: inline-block;">(SIGNATURE OF NAMED RECIPIENT OR AUTHORIZED RECIPIENT OF DOCUMENT)</div>		

### ***For Office Use Only***

<input type="checkbox"/> Photo ID Verified: Notes:	\$ 5 Fee (If applicable) Paid: CA CK MO
Processed by:	Date Ready:
Date Received Request:	Date Pickup:

# Our Lady Queen of Heaven Catholic Church

11150 Macdona-LaCoste Rd. / P.O. Box 94

Atascosa, TX 78002

[admin@olqh-tx.com](mailto:admin@olqh-tx.com) (210) 622-3457 or (210) 890-2040



## Sacramental Records Request Form

### Pedido de Certificado Sacramental

Request Date: \_\_\_\_\_

TYPE OF SACRAMENT REQUEST

<input type="checkbox"/> Baptism / Bautizo	<input type="checkbox"/> Communion / 1ra Comunion	<input type="checkbox"/> Confirmation / Confirmacion	<input type="checkbox"/> Marriage / Matrimonio	<input type="checkbox"/> RCIA
--	--	---	---	-------------------------------

Name at the time at the Sacrament:		
Date of Sacrament:	Age:	Date of Birth:
Name of the Father:		
Name of the Mother:		

Searches may take up to 7 **business days**, please plan accordingly.

Requestor:
Telephone Number:
Notes:

Send To:	Attention:	Pickup in Person:	
Address: City, State, Zip:			
Signature:  _____			
<table border="1"><tr><td>(SIGNATURE OF NAMED RECIPIENT OR AUTHORIZED RECIPIENT OF DOCUMENT)</td></tr></table>			(SIGNATURE OF NAMED RECIPIENT OR AUTHORIZED RECIPIENT OF DOCUMENT)
(SIGNATURE OF NAMED RECIPIENT OR AUTHORIZED RECIPIENT OF DOCUMENT)			

### ***For Office Use Only***

<input type="checkbox"/> Photo ID Verified: Notes:	\$ 5 Fee (If applicable) Paid: CA CK MO
Processed by:	Date Ready:
Date Received Request:	Date Pickup:

# Our Lady Queen of Heaven Catholic Church

11150 Macdona-LaCoste Rd. / P.O. Box 94

Atascosa, TX 78002

[admin@olqh-tx.com](mailto:admin@olqh-tx.com) (210) 622-3457 or (210) 890-2040



## Sacramental Records Request Form

### Pedido de Certificado Sacramental

Request Date: \_\_\_\_\_

TYPE OF SACRAMENT REQUEST

<input type="checkbox"/> Baptism / Bautizo	<input type="checkbox"/> Communion / 1ra Comunion	<input type="checkbox"/> Confirmation / Confirmacion	<input type="checkbox"/> Marriage / Matrimonio	<input type="checkbox"/> RCIA
--	--	---	---	-------------------------------

Name at the time at the Sacrament:		
Date of Sacrament:	Age:	Date of Birth:
Name of the Father:		
Name of the Mother:		

Searches may take up to 7 **business days**, please plan accordingly.

Requestor:
Telephone Number:
Notes:

Send To:	Attention:	Pickup in Person:
Address: City, State, Zip:		
Signature:  _____		
<div style="border: 1px solid black; padding: 2px; display: inline-block;">(SIGNATURE OF NAMED RECIPIENT OR AUTHORIZED RECIPIENT OF DOCUMENT)</div>		

### ***For Office Use Only***

<input type="checkbox"/> Photo ID Verified: Notes:	\$ 5 Fee (If applicable) Paid: CA CK MO
Processed by:	Date Ready:
Date Received Request:	Date Pickup:

# Our Lady Queen of Heaven Catholic Church

11150 Macdona-LaCoste Rd. / P.O. Box 94

Atascosa, TX 78002

[admin@olqh-tx.com](mailto:admin@olqh-tx.com) (210) 622-3457 or (210) 890-2040



## Sacramental Records Request Form

### Pedido de Certificado Sacramental

Request Date: \_\_\_\_\_

TYPE OF SACRAMENT REQUEST

<input type="checkbox"/> Baptism / Bautizo	<input type="checkbox"/> Communion / 1ra Comunion	<input type="checkbox"/> Confirmation / Confirmacion	<input type="checkbox"/> Marriage / Matrimonio	<input type="checkbox"/> RCIA
--	--	---	---	-------------------------------

Name at the time at the Sacrament:		
Date of Sacrament:	Age:	Date of Birth:
Name of the Father:		
Name of the Mother:		

Searches may take up to 7 **business days**, please plan accordingly.

Requestor:
Telephone Number:
Notes:

Send To:	Attention:	Pickup in Person:	
Address: City, State, Zip:			
Signature:  _____			
<table border="1"><tr><td>(SIGNATURE OF NAMED RECIPIENT OR AUTHORIZED RECIPIENT OF DOCUMENT)</td></tr></table>			(SIGNATURE OF NAMED RECIPIENT OR AUTHORIZED RECIPIENT OF DOCUMENT)
(SIGNATURE OF NAMED RECIPIENT OR AUTHORIZED RECIPIENT OF DOCUMENT)			

### ***For Office Use Only***

<input type="checkbox"/> Photo ID Verified: Notes:	\$ 5 Fee (If applicable) Paid: CA CK MO
Processed by:	Date Ready:
Date Received Request:	Date Pickup:

# Our Lady Queen of Heaven Catholic Church

11150 Macdona-LaCoste Rd. / P.O. Box 94

Atascosa, TX 78002

[admin@olqh-tx.com](mailto:admin@olqh-tx.com) (210) 622-3457 or (210) 890-2040



## Sacramental Records Request Form

### Pedido de Certificado Sacramental

Request Date: \_\_\_\_\_

TYPE OF SACRAMENT REQUEST

<input type="checkbox"/> Baptism / Bautizo	<input type="checkbox"/> Communion / 1ra Comunion	<input type="checkbox"/> Confirmation / Confirmacion	<input type="checkbox"/> Marriage / Matrimonio	<input type="checkbox"/> RCIA
--	--	---	---	-------------------------------

Name at the time at the Sacrament:		
Date of Sacrament:	Age:	Date of Birth:
Name of the Father:		
Name of the Mother:		

Searches may take up to 7 **business days**, please plan accordingly.

Requestor:
Telephone Number:
Notes:

Send To:	Attention:	Pickup in Person:	
Address: City, State, Zip:			
Signature:  _____			
<table border="1"><tr><td>(SIGNATURE OF NAMED RECIPIENT OR AUTHORIZED RECIPIENT OF DOCUMENT)</td></tr></table>			(SIGNATURE OF NAMED RECIPIENT OR AUTHORIZED RECIPIENT OF DOCUMENT)
(SIGNATURE OF NAMED RECIPIENT OR AUTHORIZED RECIPIENT OF DOCUMENT)			

### ***For Office Use Only***

<input type="checkbox"/> Photo ID Verified: Notes:	\$ 5 Fee (If applicable) Paid: CA CK MO
Processed by:	Date Ready:
Date Received Request:	Date Pickup:



# Our Lady Queen of Heaven Catholic Church

11150 Macdona-LaCoste Rd. / P.O. Box 94

Atascosa, TX 78002

[admin@olqh-tx.com](mailto:admin@olqh-tx.com) (210) 622-3457 or (210) 890-2040



## Sacramental Records Request Form

### Pedido de Certificado Sacramental

Request Date: \_\_\_\_\_

TYPE OF SACRAMENT REQUEST

<input type="checkbox"/> Baptism / Bautizo	<input type="checkbox"/> Communion / 1ra Comunion	<input type="checkbox"/> Confirmation / Confirmacion	<input type="checkbox"/> Marriage / Matrimonio	<input type="checkbox"/> RCIA
--	--	---	---	-------------------------------

Name at the time at the Sacrament:		
Date of Sacrament:	Age:	Date of Birth:
Name of the Father:		
Name of the Mother:		

Searches may take up to 7 **business days**, please plan accordingly.

Requestor:
Telephone Number:
Notes:

Send To:	Attention:	Pickup in Person:	
Address: City, State, Zip:			
Signature:  _____			
<table border="1"><tr><td>(SIGNATURE OF NAMED RECIPIENT OR AUTHORIZED RECIPIENT OF DOCUMENT)</td></tr></table>			(SIGNATURE OF NAMED RECIPIENT OR AUTHORIZED RECIPIENT OF DOCUMENT)
(SIGNATURE OF NAMED RECIPIENT OR AUTHORIZED RECIPIENT OF DOCUMENT)			

### ***For Office Use Only***

<input type="checkbox"/> Photo ID Verified: Notes:	\$ 5 Fee (If applicable) Paid: CA CK MO
Processed by:	Date Ready:
Date Received Request:	Date Pickup:

# Our Lady Queen of Heaven Catholic Church

11150 Macdona-LaCoste Rd. / P.O. Box 94

Atascosa, TX 78002

[admin@olqh-tx.com](mailto:admin@olqh-tx.com) (210) 622-3457 or (210) 890-2040



## Sacramental Records Request Form

### Pedido de Certificado Sacramental

Request Date: \_\_\_\_\_

TYPE OF SACRAMENT REQUEST

<input type="checkbox"/> Baptism / Bautizo	<input type="checkbox"/> Communion / 1ra Comunion	<input type="checkbox"/> Confirmation / Confirmacion	<input type="checkbox"/> Marriage / Matrimonio	<input type="checkbox"/> RCIA
--	--	---	---	-------------------------------

Name at the time at the Sacrament:		
Date of Sacrament:	Age:	Date of Birth:
Name of the Father:		
Name of the Mother:		

Searches may take up to 7 **business days**, please plan accordingly.

Requestor:
Telephone Number:
Notes:

Send To:	Attention:	Pickup in Person:	
Address: City, State, Zip:			
Signature:  _____			
<table border="1"><tr><td>(SIGNATURE OF NAMED RECIPIENT OR AUTHORIZED RECIPIENT OF DOCUMENT)</td></tr></table>			(SIGNATURE OF NAMED RECIPIENT OR AUTHORIZED RECIPIENT OF DOCUMENT)
(SIGNATURE OF NAMED RECIPIENT OR AUTHORIZED RECIPIENT OF DOCUMENT)			

### ***For Office Use Only***

<input type="checkbox"/> Photo ID Verified: Notes:	\$ 5 Fee (If applicable) Paid: CA CK MO
Processed by:	Date Ready:
Date Received Request:	Date Pickup: