

REQUEST FOR SACRAMENTAL CERTIFICATE*

***Requests for Marriage certificates MUST be made by one of the persons whose name appears in the sacramental record.**

Full Name: _____

Sacraments received at St. Gertrude (check all that apply):

___Baptism ___First Communion ___Confirmation ___Marriage

Date of birth: _____
Month Day Year

Approximate date/year(s) of Sacrament(s): _____

Father's Name: _____

Mother's Name: _____

Mother's Maiden Name: _____

School attended: ___NCA ___Sacred Heart ___Hardy Prep ___None of these

Name of person requesting certificate: _____

Contact phone number: _____

E-mail address: _____

Name/Address where certificate is to be sent: _____

<p>OFFICE USE ONLY:</p> <p>Date of request: _____ Certificate completed: _____ by _____ (date) (initials)</p> <p>\$20.00 processing fee received: _____</p>
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