



St. Therèse
CATHOLIC PARISH
APPLETON, WI

SACRAMENTAL CERTIFICATE REQUEST FORM

To request a sacramental certificate, please complete this form and return to the parish office. Requests must be made in writing unless the request is being made by a diocesan or parish official.

In order to protect the confidentiality of these records, St. Therese Catholic Parish can only release sacramental certificates to the individual named on the certificate (or the next of kin if deceased), or to their parent or legal guardian if the named person is under the age of 18.

Name of the person whose certificate is being requested:

Full Name at Time of Baptism _____ Date of Birth _____

Father's Full Name _____

Mother's Full Maiden Name _____

Requesting:	_____ Baptismal Certificate	_____
		Approx. Sacrament Date
	_____ First Communion Certificate	_____
		Approx. Sacrament Date
	_____ Confirmation Certificate	_____
		Approx. Sacrament Date
	_____ Marriage Certificate	_____
		Approx. Sacrament Date

Name of the person requesting certificate: _____

Relationship to the person whose certificate is being requested: Self _____ Parent/Guardian of a minor child _____

Requester's Contact Information:

Address: _____

Daytime Phone: _____ Email Address: _____

_____ I would like the certificate mailed to the above address.

_____ I will pick up the certificate in the parish office. Please call me when it is ready.

I agree to indemnify and hold harmless the Roman Catholic Diocese of Green Bay, Wisconsin, its bishop and successors in office, the parish concerned, and all other persons connected with them from any liability for releasing this information according to my request.

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 _____

Office use only: Req. Received Date _____ Certificate Sent Date _____ Initials _____