



## *Churches of St. Mary and St. Michael*

St. Mary's Parish Office  
423 South Fifth Street  
Stillwater, MN 55082  
Ph: 651-439-1270  
Fax: 651-439-7705

St. Michael's Parish Office  
611 South Third Street  
Stillwater, MN 55082  
Ph: 651-439-4400  
Fax: 651-430-3271



### **Sacramental Certificate Request Form**

Please complete and submit this form to the parish where your sacramental records are kept. To protect the confidentiality of these records, certificates will only be issued to the individual named on the certificates, the parent or guardian of a minor child, or a requesting parish or diocese. A valid form of identification must be brought to the parish office when collecting records unless the certificate is directly sent to a parish or Archdiocesan school.

Name of Sacrament Recipient: \_\_\_\_\_

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

Name of Person Requesting Certificate: \_\_\_\_\_

Relationship to the Sacrament Recipient: Self / Parent of Minor Child / \_\_\_\_\_

#### **Sacramental Certificate(s) Requested**

☐ Baptismal Certificate

Date Sacrament Conferred: \_\_\_\_\_

☐ First Holy Communion Certificate

Date Sacrament Conferred: \_\_\_\_\_

☐ Confirmation Certificate

Date Sacrament Conferred: \_\_\_\_\_

☐ Marriage Certificate

Date Sacrament Conferred: \_\_\_\_\_

#### **Requestor's Contact Information**

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

City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ State: \_\_\_\_\_

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: \_\_\_\_\_