Request for Sacramental Record

Date of request: _____ Date needed by: _____

Type: ❑ Baptism ❑ Profession of Faith ❑ First Communion

❑ Confirmation ❑ Marriage

Reason for Request: _____

Full Name: _____
(First) (Middle) (Last) (Maiden)

Name changes (if any): _____

Date of Birth: _____ Place of Birth: _____

Church: _____

Date of Sacrament: _____ Priest/Deacon: _____

Parents: _____

Mother's Maiden Name: _____

Godparents/Sponsors: _____

Requestor's Name (please print): _____

Alt. Phone: _____ E-mail: _____

_____ _____
Requestor's Signature Date

MAIL CERTIFICATE TO: **Proto-Cathedral of St. James the Greater**
ATTN: Julianne Polowicz
218 W. 12th Street
Vancouver, WA 98660

Please include a copy of this request. Thank you.