

# Lumen Christi

CATHOLIC COMMUNITY

2055 Bohland Avenue, St. Paul, MN 55116

Phone: 651-698-5581 Fax: 651-698-9526

www.lumenchristicc.org

## SACRAMENT CERTIFICATE REQUEST FORM

**The normal processing time is one to two weeks.**

Please complete this form to the fullest extent possible.

In order to protect the confidentiality of these records certificates will only be issued to the individual named on the certificate, the parent or guardian of a minor child, or a requesting parish or diocese.

- **No certificates are issued for genealogical purposes** •

Full name of the person whose certificate is being requested: \_\_\_\_\_

Other names by whom this person has been known (maiden name, etc.) \_\_\_\_\_

Type of Certificate Requested (ex. Baptism, Confirmation, Marriage, etc.) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Approximate Date of Baptism: \_\_\_\_\_

Sacrament Record Needed for: \_\_\_\_\_

Parish Location Sacrament was received at :  Lumen Christi  St. Gregory  St. Leo  St. Therese

Name of person requesting the certificate: \_\_\_\_\_

Relationship to the baptized person:  Self  Parent of minor child

Telephone number: \_\_\_\_\_

### AUTHORIZATION TO RELEASE INFORMATION

**I authorize Lumen Christi to release a copy of my baptismal certificate to:**

Church: \_\_\_\_\_

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

City, State, and Zip: \_\_\_\_\_

**I will pick up my baptismal certificate and provide identification.**

You will be asked to provide your driver's license or id when you pick up your certificate.

### REQUESTER'S CONTACT INFORMATION:

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

City, State, and Zip: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_

**I certify that I have read the above information and that I am requesting my own certificate or that of my minor child.**

Signature \_\_\_\_\_