

ST. JOHN VIANNEY PARISH

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SACRAMENTAL RECORDS REQUEST *(Please print)*

Request Date: _____

Type of Sacrament: Baptism Marriage Communion Confirmation

Name at Time of Sacrament: _____

Date of Sacrament: _____ Date of Birth: _____

Name of Father: _____

Maiden Name of Mother: _____

Purpose of Request: _____

Requested by (Name of Individual or Parish): _____

Daytime Telephone Number: _____

Email Address: _____

Please check which method you wish to receive the certificate:

Mailed

Pick-up @ parish office

Send to: _____

Address: _____

City, State, Zip: _____

Attention: _____

Signature: _____

(Signature of Named Recipient of Sacrament or Authorized Recipient of Document)

For Office Use Only

Sacramental Register Number: _____
Year Page No. Item No.

Researcher/Recorder: _____ Date Issued/Mailed: _____