

# ST. JOHN VIANNEY PARISH

10497 Coloma Road, Rancho Cordova, CA 95670 Fax: (916) 706-1135 Email: parish.office@sjvparish.com

## SACRAMENTAL RECORD REQUEST *(Please PRINT clearly)*

Request Date: \_\_\_\_\_

Type of Sacrament:  Baptism  Communion  Confirmation  Marriage

Date of Sacrament: \_\_\_\_\_

Name at Time of Sacrament: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Spouse (*\*for Marriage Record Request*): \_\_\_\_\_

Name of Father in Full: \_\_\_\_\_

Mother's Maiden Name in Full: \_\_\_\_\_

Purpose of Request: \_\_\_\_\_

Requested by: \_\_\_\_\_

*(\*Can only be requested by Individual, Guardian 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: \_\_\_\_\_

Note: \_\_\_\_\_