

ST. JOHN VIANNEY PARISH

10497 Coloma Road, Rancho Cordova, CA 95670 Phone: 916-362-1385 Fax: (916) 706-1135 Email: 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*): _____

Father's Name 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:	_____	_____	_____	(Baptism)
	<i>Year</i>	<i>Page No.</i>	<i>Item No.</i>	
	_____	_____	_____	(Communion)
	<i>Year</i>	<i>Page No.</i>	<i>Item No.</i>	
	_____	_____	_____	(Confirmation)
	<i>Year</i>	<i>Page No.</i>	<i>Item No.</i>	

Researcher/Recorder: _____ Date Issued: _____

Note: _____