

REQUEST FOR SACRAMENTAL CERTIFICATES

BAPTISM FIRST EUCHARIST CONFIRMATION MARRIAGE (See Below)
(CHECK ALL THAT APPLY)

**Download this form to your computer, fill it in, save it, & then email it to us as an attachment.
stthomasnorwalk@gmail.com
We will contact you upon receipt during regular office hours.**

REASON FOR REQUEST: _____
If for a Marriage, date of wedding must be within 6 months of request for certificates.

NEED THE FOLLOWING INFORMATION FOR ALL CERTIFICATES (EXCEPT MARRIAGE)

NAME:

First: _____ Middle: _____ Last: _____

Date of Birth: _____ Place of Birth: _____

FATHER'S NAME:

First: _____ Middle: _____ Last: _____

MOTHER'S NAME:

First: _____ Middle: _____ Maiden: _____

INFO NEEDED FOR MARRIAGE CERTIFICATE ONLY

GROOM'S NAME:

First: _____ Middle: _____ Last: _____

BRIDES'S NAME:

First: _____ Middle: _____ Maiden: _____

Date of Marriage: _____

PERSON MAKING REQUEST

We will call when ready so you will know it is done or if any problems arise.

Name: _____ Relationship: _____

Phone #: _____

Mailing Address:

Name: _____

Address: _____

City, State, Zip: _____

Called or Mailed Date: _____

To be completed by the office:

BAPTISM INFO

Volume: _____ Page: _____ Line #: _____

Baptismal Date: _____

Father's Name: First: _____ Middle: _____ Last: _____

Mother's Name with

Maiden Name: First: _____ Middle: _____ Maiden: _____

Godfather's Name: First: _____ Middle: _____ Last: _____

Godmother's Name: First: _____ Middle: _____ Last: _____

Officiating Priest: _____

FIRST COMMUNION

Volume: _____ Page: _____ Line #: _____

Date: _____

CONFIRMATION

Volume: _____ Page: _____ Line #: _____

Date: _____

MARRIAGE REGISTRY

Volume: _____ Page: _____ Line #: _____ Presiding Priest: _____

Witness: _____ Witness: _____