

DIOCESE OF LANSING SACRAMENTAL RECORDS REQUEST

This form is used when certificates are not being sent to parishes.

Request Date: _____
Day Month Year

Items 1-7 must be completed for each entry.

1.) NAME OF PARISH <i>AND</i> CITY IN WHICH SACRAMENT WAS PERFORMED:
2.) NAME OF SACRAMENT: BAPTISM MARRIAGE COMMUNION CONFIRMATION OTHER _____
3.) NAME AT TIME OF SACRAMENT:
4.) APPROXIMATE DATE OF SACRAMENT:
5.) DATE <i>AND</i> PLACE OF BIRTH:
6.) NAME OF FATHER:
7.) NAME OF MOTHER:
8.) FOR BAPTISMAL REQUESTS NAME(S) OF GODPARENT(S)
9.) IF THIS IS NOT YOUR OWN RECORD, WHAT IS YOUR RELATIONSHIP TO THE PERSON(S):

REQUESTOR:
ADDRESS:
CITY, STATE, ZIP:
DAYTIME TELEPHONE NUMBER:

SEND TO:
ADDRESS:
CITY, STATE, ZIP:
ATTENTION:
SIGNATURE: _____ <div style="text-align: center; margin-top: 5px;">(SIGNATURE OF REQUESTOR)</div>

PLEASE NOTE: A COPY OF A PHOTO IDENTIFICATION MUST ACCOMPANY THIS FORM.