

ST. PATRICK & ASSUMPTION ALL SAINTS PARISH

RECORD REQUEST FORM

Date Requested:

Date Completed:

Name of Person Requesting Information:

Self

Parent/Guardian

Spouse

Other (specify)

Full Name(s) of Person(s):

(PERSON WHO RECEIVED THE SACRAMENT – INCLUDE SPOUSE'S FULL MAIDEN NAME FOR MARRIAGE)

Sacrament Received:

(BAPTISM, FIRST COMMUNION, CONFIRMATION, OR MARRIAGE)

Date Sacrament Received:

(ENTER MONTH, DAY & YEAR OR MONTH & YEAR OR YEAR)

Place Sacrament Received:

St. Patrick Church (If requesting records before 1978)

Assumption Church

All Saints

Information Needed for Baptism Certificate

Birth Date

Father's Name

Mother's Maiden Name

Your Name and Mailing Address:

Your Email Address:

Your Phone Number: