



CATHEDRAL OF SAINT PAUL NATIONAL SHRINE OF THE APOSTLE PAUL



SACRAMENTAL CERTIFICATE REQUEST FORM

Requests are processed in the order received. The normal processing time is two weeks.

Please complete this form to the fullest extent possible.

In order to protect the confidentiality of these records certificates will only be issued to the individual named on the certificates, the parent or guardian of a minor child, or a requesting parish or diocese.

• No certificates are issued for genealogical purposes •

Full name of the person whose certificate is being requested: _____

Other names by whom this person has been known (maiden name, etc.) _____

Date of birth: _____

Name of person requesting the certificate: _____

Relationship to the baptized person: Self Parent of minor child

Telephone number: _____

Reason for request: _____

Certificate requested and date sacrament was conferred: _____

AUTHORIZATION TO RELEASE INFORMATION

I authorize the Cathedral of Saint Paul to release a copy of my baptismal certificate to:

Church: _____

Address: _____

City, State, and Zip: _____

Contact person: _____

I will pick up my baptismal certificate and provide identification.

You will be asked to provide your driver's license or id when you pick up your certificate.

REQUESTER'S CONTACT INFORMATION:

Address: _____

City, State, and Zip: _____

Daytime phone number: _____

I certify that I have read the above information and that I am requesting my own certificate or that of my minor child.

Signature _____