

**CHURCH OF THE ASCENSION
REQUEST FOR COPY OF
SACRAMENT CERTIFICATE**
(Baptism, Communion, Confirmation or Marriage)
Please Print All Information Clearly

Full Name(s) of Person(s):

(Person(s) who received the Sacrament – include Spouse's full maiden name for Marriages)

Sacrament Received:

(Baptism, First Communion, Confirmation, or Marriage)

Date Sacrament Received:

(Enter Month, Day & Year or Month & Year or Year)

Place Where Sacrament Received:

(Enter name of parish and town)

Name of Priest Who Officiated: _____

Your Name and Mailing Address:

Your Email Address: _____

Your Phone Number: _____

(For communication purposes)

MAIL THIS COMPLETED FORM AND A SELF ADDRESSED STAMPED ENVELOPE TO:

**CHURCH OF THE ASCENSION
PARISH OFFICE
Sacrament Certificate Request
256 AZALEA DRIVE**

Office Use:

Date Received: _____

Register: _____

Priest: _____

Other Sacraments received: Communion: _____

Confirmation: _____

Date request completed: _____