

# SACRAMENTAL CERTIFICATE REQUEST FORM

**The Church of Saint Timothy**  
**8 Oak Avenue North**  
**Maple Lake, MN 55358**

**(320) 963-3726 PHONE • (320) 963-2008 FAX**  
**parishoffice@churchofsttimothy.org**

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To request a sacramental certificate, please complete this form. Request must be in writing. In order to protect the confidentiality of these records, certificates will only be issued to the individual named on the certificate, the next of kin if deceased, the parent or legal guardian if the named person is under the age of 18, or a requesting parish or diocese.

*No certificates are issued for genealogical purposes.*

Name of the person whose certificate is being requested: \_\_\_\_\_

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

Name of the person requesting certificate: \_\_\_\_\_

Relationship to the person whose certificate is being requested:     ☐ Self             ☐ Parent of Minor Child

Certificate I am requesting:

|                                                   |                                 |
|---------------------------------------------------|---------------------------------|
| <input type="radio"/> Baptismal Certificate       | Date Sacrament Conferred: _____ |
| <input type="radio"/> First Communion Certificate | Date Sacrament Conferred: _____ |
| <input type="radio"/> Confirmation Certificate    | Date Sacrament Conferred: _____ |
| <input type="radio"/> Marriage Certificate        | Date Sacrament Conferred: _____ |
| <input type="radio"/> Holy Orders Certificate     | Date Sacrament Conferred: _____ |

Requester's Contact Information:

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

I would like the certificate:     ☐ Mailed to the above address     ☐ Sent to the church of: \_\_\_\_\_  
Church Name City/State

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date