

SACRAMENTAL CERTIFICATE REQUEST FORM

The Church of the Immaculate Conception
4030 Jackson Street NE • Columbia Heights, Minnesota 55421
Phone: 763-788-9062 • Fax: 763-788-0202
www.ICCSonline.org

To request a sacramental certificate, please complete this form and return to the parish office. Requests must be made in writing, unless the request is being made by a diocesan or parish official.

In order to protect the confidentiality of these records, The Church of the Immaculate Conception can only release sacramental certificates to the individual named on the certificate (or the next of kin if deceased), or to their 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:

_____ Date of Birth: _____
Last First Middle

Names by whom this person has been known (maiden name, etc.): _____

Name of parents: _____ Mothers maiden name: _____

Name of the person requesting certificate: _____

Relationship to the person whose certificate is being requested: Self _____ Parent of a minor child _____

Reason for request: _____

Certificate requested and date sacrament conferred: _____

Requester's Contact Information:

Address: _____

City, State, Zip: _____

Daytime Phone: _____ Email address: _____

_____ I authorize The Church of the Immaculate Conception to release a copy of my sacrament certificate to:

Church Name and Contact: _____

Address: _____

City, State and Zip: _____

_____ I will pick up the certificate in the parish office and provide identification.
(You will be asked to provide your driver's license or id when you pick up your certificate.)

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 _____

Allow 7—10 days for processing.

Office use only: _____ Identification viewed _____ Date certificate sent: _____