## 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

Certificate requested and date sacrament conferred:  Requester's Contact Information:  Address:  City, State, Zip:  Daytime Phone:  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 or that of my received the certificate or the certificate or that of my received the certificate or the certificat	•		•	Date of Rirth
Name of parents: Mothers maiden name:	Last	First	Middle	Date of Birtii.
Name of the person requesting certificate:  Relationship to the person whose certificate is being requested: Self Parent of a minor child	Names by whom this per	son has been known	n (maiden name, etc.):	
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: Email address: Email address: I authorize The Church of the Immaculate Conception to release a copy of my sacrament certificate to: Church Name and Contact: Address: 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 or that of my recrificate that I have read the above information and that I am requesting my own certificate or that of my recrificate in the parish office and provide identification.	Name of parents:		Mo	others maiden name:
Reason for request: Certificate requested and date sacrament conferred: Requester's Contact Information:  Address: City, State, Zip: Email address: I authorize The Church of the Immaculate Conception to release a copy of my sacrament certificate to: Church Name and Contact: Address: 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 or that of my recertify that I have read the above information and that I am requesting my own certificate or that of my recertify that I have read the above information and that I am requesting my own certificate or that of my recertificate in the parish office and provide identification.	Name of the person reque	esting certificate:		
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 respectively.	Relationship to the person	n whose certificate is	s being requested: Self_	Parent of a minor child
Requester's Contact Information:  Address:	Reason for request:			
Address:  City, State, Zip:  Daytime Phone:  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 or that of my received that I have read the above information and that I am requesting my own certificate or that of my received the state of the	Certificate requested and	date sacrament conf	ferred:	
City, State, Zip: Email address: 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 respectively.	Requester's Contact Inf	ormation:		
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 respectively.	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 respectively.	City, State, Zip:			
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 respectively.	Daytime Phone:		Email addr	ress:
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 respectively.	I authorize The Ch	urch of the Immacu	ılate Conception to release	e a copy of my sacrament certificate to:
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 respectively.	Church Name and Contac	xt:		
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 respectively.	Address:			
(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 respectively.				
	* *			
child.	I certify that I have reachild.	l the above informa	ation and that I am requ	nesting my own certificate or that of my mi
SignatureDate	Signature			Date
Allow 7—10 days for processing.		Ali	low 7—10 days for prod	cessing.