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 per	son whose certificate is b	being requested:		
			Date of Birth	
Last	First	Middle		
Names by whom	this person has been known	own (maiden name, et	tc.)	
Name of parents		Mothers maiden name		
Name of the pers	son requesting certificate	:		
Relationship to t	he person whose certification	ate is being requested:	Self Parent of a minor child	
Reason for reque	st:			
Certificate reque	sted and date sacrament	conferred:		
Requester's Cont	act Information:			
Address:				
		Email address:		
I authorize T	The Church of the Immac	ulate Conception to re	elease a copy of my sacrament certificate to:	
Church Name and	Contact:			
Address:				
City, State and Zi	p			
I will pick up	the certificate in the par	rish office and provide		
certify that I hat of my minor child		mation and that I ar	n requesting my own certificate or that	
Signature			Date	
Office use only:	Identification viewed		Date certificate sent:	