

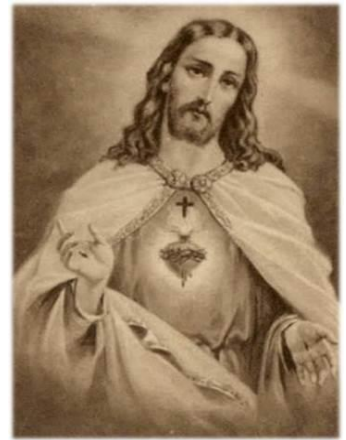
Sacred Heart of Jesus Catholic Church

13466 IH-35 South / P.O. Box 722

Von Ormy, TX 78073

shjatholicchurch1955@gmail.com

(210) 622-3457



Sacramental Records Request Form

Pedido de Certificado Sacramental

Request Date: _____

TYPE OF SACRAMENT REQUEST

<input type="checkbox"/> Baptism / Bautizo	<input type="checkbox"/> Communion / 1ra Comunion	<input type="checkbox"/> Confirmation / Confirmacion	<input type="checkbox"/> Marriage / Matrimonio	<input type="checkbox"/> RCIA
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Name at the time at the Sacrament:		
Date of Sacrament:	Age:	Date of Birth:
Name of the Father:		
Name of the Mother:		

Searches may take up to 7 **business days**, please plan accordingly.

Requestor:
Telephone Number:
Notes:

Send To:	Attention:	Pickup in Person:	
Address: City, State, Zip:			
Signature: _____			
<table border="1"><tr><td>(SIGNATURE OF NAMED RECIPIENT OR AUTHORIZED RECIPIENT OF DOCUMENT)</td></tr></table>			(SIGNATURE OF NAMED RECIPIENT OR AUTHORIZED RECIPIENT OF DOCUMENT)
(SIGNATURE OF NAMED RECIPIENT OR AUTHORIZED RECIPIENT OF DOCUMENT)			

For Office Use Only

<input type="checkbox"/> Photo ID Verified: Notes:	\$20 Fee (If applicable) Paid: CA CK MO
Processed by:	Date Ready:
Date Received Request:	Date Pickup: