

DIOCESE OF LANSING
SACRAMENTAL RECORDS REQUEST

This form is used when certificates are not being sent to parishes.

Request Date: _____
Day Month Year

Items 1-7 **must** be completed for each entry.

1.) NAME OF PARISH AND CITY IN WHICH SACRAMENT WAS PERFORMED:

2.) NAME OF SACRAMENT: BAPTISM MARRIAGE COMMUNION CONFIRMATION OTHER _____

3.) NAME AT TIME OF SACRAMENT:

4.) APPROXIMATE DATE OF SACRAMENT:

5.) DATE AND PLACE OF BIRTH:

6.) NAME OF FATHER:

7.) NAME OF MOTHER:

8.) FOR BAPTISMAL REQUESTS
NAME(S) OF GODPARENT(S)

9.) IF THIS IS NOT YOUR OWN RECORD, WHAT IS YOUR RELATIONSHIP TO THE PERSON(S):

REQUESTOR:

ADDRESS:

CITY, STATE, ZIP:

DAYTIME TELEPHONE NUMBER:

SEND TO:

ADDRESS:

CITY, STATE, ZIP:

ATTENTION:

SIGNATURE: _____

(SIGNATURE OF REQUESTOR)

PLEASE NOTE: A COPY OF A PHOTO IDENTIFICATION MUST ACCOMPANY THIS FORM.