



**Sacred Heart Catholic Church**  
 909 North Madison / P.O. BOX 470 / Webb City, Mo 64870  
 Phone: (417)673-2044 Fax: (866)249-9190  
 Email: sacredheartsecretary@gmail.com



## Sacramental Record Request Form

Please complete this form to the fullest extent possible and forward to the Parish Office.

**Request Date:** \_\_\_\_\_

Baptism W/ Notations    Baptism    1st Communion    Confirmation/Profession of Faith    Marriage    Death

**Full Name at Time of Sacrament:** \_\_\_\_\_

**Date of Sacrament:** \_\_\_\_\_      **Date of Birth:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Mother's Maiden Name:** \_\_\_\_\_

**Requester's Information:**

**Name of Requester:** \_\_\_\_\_      **Relationship:** \_\_\_\_\_

**Email:** \_\_\_\_\_      **Phone:** \_\_\_\_\_

**How would you like to obtain your copy?**

(If requesting a mailed copy, please provide mailing address)

**Name:** \_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_      **State:** \_\_\_\_\_      **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_      **Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_      **Attention:** \_\_\_\_\_

*In order to protect the confidentiality of these records, certificates can only be issued to the individual named on the certificate, the parent(s) or guardian(s) of a minor child, or a requesting parish or diocese.*

**I certify that I have read the above information and that I am authorized to request a copy of this certificate.**

**Signature:** \_\_\_\_\_      **Date:** \_\_\_\_\_

*Certificates will be ready and available for pick-up or mailing 5-10 business days from the initial request. (If you are picking up at Parish Office, please call ahead to verify that it is ready and available.)*



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**OFFICE USE ONLY:**

Request Received: By: \_\_\_\_\_ Date: \_\_\_\_\_

Sacramental Register: Year: \_\_\_\_\_ Page#: \_\_\_\_\_ Line#: \_\_\_\_\_

Recorded: By: \_\_\_\_\_ Date: \_\_\_\_\_

Sent: Mailed: \_\_\_\_\_ Emailed: \_\_\_\_\_ Initials: \_\_\_\_\_

Pick-Up Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Baptism Certificate**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Baptism: \_\_\_\_\_ (Sacred Heart - Webb City, MO)

Sponsors: \_\_\_\_\_ Priest: \_\_\_\_\_

**First Communion**

Date: \_\_\_\_\_ Priest: \_\_\_\_\_

**Confirmation**

Saint's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsors: \_\_\_\_\_ Priest: \_\_\_\_\_

**Marriage**

Spouse's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Witnesses: \_\_\_\_\_ Priest: \_\_\_\_\_

Comments: \_\_\_\_\_