



Sacred Heart Catholic Church
 Pastor: Reverend Rahab Isidor
 909 North Madison / P.O. BOX 470
 Webb City, Mo 64870
 Phone/Fax: (417)673-2044
 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 **First Communion** **Confirmation** **Marriage**

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: _____ 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: _____

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: _____

Baptism Certificate

Name:

DOB:

Father:

Mother:

Baptism: (Sacred Heart in Webb City, MO)

Sponsors:

Priests:

Notations:

First Communion

Name:

Date: (Name, City & State, of Church)

Priests:

Confirmation

Name:

Date: (Name, City & State, of Church)

Saint:

Sponsors:

Priests: