



Our Lady of Perpetual Help

WE OFFER LOVE, PRAYER, HOPE.

REQUEST FOR SACRAMENTAL CERTIFICATE

_____ Baptism _____ First Communion _____ Confirmation _____ Marriage

Name : _____

Date of Birth: _____/_____/_____

Approximate date of sacrament: _____/_____/_____

Person requesting certificate :

Name : _____

Relationship : _____

Reason for request : _____

Phone number : () _____ - _____

Will pick up : _____ Please mail : _____

Mailing address :

Name : _____

Address : _____

City : _____ State : _____ Zip : _____

Date Mailed : _____/_____/_____

Date Picked Up : _____/_____/_____