

# Saint John the Beloved Catholic Church

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Documentation for

## SACRAMENTAL CERTIFICATE REQUEST FORM

- This form is for the use of requesting a Copy of your Sacramental Certificate.
- Please fill out the form completely and legibly. Return the completed form to the parish office by email, fax, mail, or in person.
- Once the request form is received, please allow 10 days for processing. The certificate(s) will be mailed to the address provided. If there is any problem, we will contact you at the number provide.
- In order to protect the confidentiality of these records, certificates will only be issued to:
  - The individual named on the certificate
  - The parent or guardian of a minor child
  - A requesting parish or diocese

Full Name On Certificate: \_\_\_\_\_

*(include maiden name if married)*

Name of the person requesting Certificate: \_\_\_\_\_

Relationship to person on certificate being requested: \_\_\_\_\_ Self \_\_\_\_\_ Parent of Minor

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_

*(City, State)*

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

Please check all that apply for certificate(s) being requested:

Sacrament	<input type="checkbox"/> Baptism	<input type="checkbox"/> First Communion	<input type="checkbox"/> Confirmation	<input type="checkbox"/> Marriage
Date of Sacrament				

Contact Information:

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

I certify that I have read the above information and that I am requesting my own certificate or that of my minor child.

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

Office Notes: Date Received: \_\_\_\_\_ Date Mailed: \_\_\_\_\_ By: \_\_\_\_\_