

OUR LADY OF LA SALETTE ROMAN CATHOLIC CHURCH

2600 Harvard Road, Berkley, Michigan 48072 Voice (248) 541-3762 / Fax (248) 541-4250 / E-Mail office@lasalette-church.org

Sacrament Certificate Request

□ Baptism Certificate	□ Confirm	ation Certific	ate 🛮 Marri	age Certificate
Certificate requested for:	First Name	Middle Name	Maiden Name	Last Name
Date of Birth:				
Date of Sacrament:				
Father's Name:				
Mother's Name:				
		(include maide	en name)	
How will the certificate b	e delivered	?		
☐ Pick up at parish of	fices			
☐ Mail to:				
☐ E-Mail to: (unofficial co	ру)			
☐ Fax to: (unofficial copy)				
Requested by:				
Relationship to "Request				
Telephone Number (with ar				
Signature of Requestor:				
· -				
	FOR OFF	ICE USE ON	LY	
Sacramental Register # I	Page L	ine		
☐ Copy of certificate (both side	es) made and	filed.		
Completed by]	Date	