

Signaure_

Sacramental Certificate Request Form

St. Michael Catholic Church 16311 Duluth Ave SE Prior Lake, MN 55372 (952) 447-2491

Please complete this form to the fullest extent possible

In order to protect the confidentiality of these records certificates will only be issued to the individual named on the certificates, the parent or guardian of a minor child, or a requesting parish or diocese.

No certificates are issued for genealogical purposes

Name of the person w	hose certificate is being requested		
Other names by whor	n this person has been known (mai	den name, etc.)	
Name of the person re	equesting certificate		
Relationship to person Self Parent of minor ch	n whose certificate is being request	ed:	
Requesting:	1	Date Sacrament Conferred	
	 First Communion Certificate Confirmation Certificate	Date Sacrament Conferred	
	□ Marriage Certificate	Date Sacrament Conferred	
	□ Holy Orders	Date Sacrament Conferred	
Requester's Contact Ir Street Address		Date Sacrament Conferred	
City	State	Zip	
Daytime Phone Numb	oer		
I certify that I have re	ead the above information and tha	at I am requesting my own certifica	nte or that of my minor