



ST. ROSE OF LIMA PARISH

Certificate Re-issuance Request Form Marriage / Baptism / Confirmation / First Holy Communion

1. REQUESTING PARTY (NAME) _____ RELATIONSHIP: _____
2. TELEPHONE #: (_____) _____ - _____
3. COMPLETE NAME OF RECIPIENT OF SACRAMENT _____
4. DATE & PLACE OF BIRTH: _____ (MM / DD / YYYY) _____ (CITY / COUNTRY)
5. DATE SACRAMENT WAS RECEIVED: _____ (MM / DD / YYYY) FOR BAPTISM, BAPTISED, AS: CHILD / ADULT
FOR MARRIAGE: Church: _____
FOR FIRST HOLY COMMUNION: School Attended: _____
FOR CONFIRMATION: School Attended: _____
6. FATHER'S NAME: _____ (First) _____ (Last)
FATHER'S RELIGION: _____
7. MOTHER'S NAME: _____ (First) _____ (Maiden Last)
MOTHER'S RELIGION: _____
8. REASON FOR REQUEST: _____

For Office Use Only

Notes from Registry Book: _____
(i.e. Page #, Registry #) _____

Details of Reissuance of Certificate Re-Issued MM / DD / YYYY

Pick-up by _____ : _____
Note for Office Staff: Please inform the requesting party that a photo I.D. must be shown when picking up the certificate.

Date Mailed on _____ : MM / DD / YYYY