

ST. MARY'S ST. JOHN'S OUR LADY OF LIBERA

Date _____ Req By _____ Phone _____

Document:

- | | |
|---|--|
| <input type="checkbox"/> Sponsor Certificate for Confirmation | <input type="checkbox"/> CCD Transfer to other Parish |
| <input type="checkbox"/> God Parent Certificate Baptism | <input type="checkbox"/> Completed Marriage Course |
| <input type="checkbox"/> Baptism Certificate with Notations | <input type="checkbox"/> Completed Baptism Prep Course |
| <input type="checkbox"/> Baptism Certificate NO notations | <input type="checkbox"/> Active member of Parish (Immigration) |
| <input type="checkbox"/> First Communion | <input type="checkbox"/> Permission to receive sacrament elsewhere |
| <input type="checkbox"/> Confirmation | |
| <input type="checkbox"/> Other _____ | |

Certificate NAME _____ DOB _____

Certificate NAME _____ DOB _____

Fill in each that is applicable for document type requested:

DATE SACRAMENT RECEIVED _____

DATE COURSE WAS COMPLETED _____ INSTRUCTOR _____

MEMBER OF PARISH SINCE _____ ENVELOPE # _____

MOTHER _____ FATHER _____

GODMOTHER _____ GODFATHER _____

SPONSOR _____

Name _____

ADDRESS _____

City, State, Zip _____

Please mail my document, I have enclosed the \$5 Document Fee and a self-addressed envelope.

NOTES _____

Document fee of \$5 must be collected prior to submitting document request. Documents are prepared on Thursday for pick up on Friday. Contact will be called if questions arise and when doc is ready for pick up. All Documents must be picked up within 7 days otherwise they will be discarded.