

Church of Saint Michael

611 S Third St. Stillwater, Minnesota 55082

Phone: 651-439-4400 Fax: 651-430-3271

Sacrament Certificate Request Form

The normal processing time is 7-10 days.

Please complete this form to the fullest extent possible.

Full name of the person whose certificate is being requested: _____

Other names by which this person has been known (maiden name, etc.): _____

Type of Certificate Requested (ex. Baptism, Confirmation, Marriage, etc.): _____

Date of Birth: _____ Approximate Date of Baptism: _____

Sacrament Record Needed for: _____

Name of person requesting the certificate: _____

Relationship to the baptized person: _____ Self _____ Parent of minor child

Telephone number: _____

Authorization to Release Information

I authorize The Church of St. Michael to release a copy of my baptismal certificate to:

Church: _____

Address: _____

City, State and Zip: _____

I will pick up my baptismal certificate.

Requester's Contact Information

Address: _____

City, State and Zip: _____

Daytime phone number: _____

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 _____