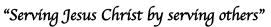
St. Boníface Catholic Church

4025 Main Street. P.O. Box 68, St. Bonifacius, MN 55375 stbonifaceoffice@mchsi.com [952] 446-I054





Sacramental Certificate Request Form

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 parents or guardian of a minor children, or a requesting parish or diocese.

	No certificates are issued for genealogical purposes.
Name of the person w	hose certificate is being requested
Date of Birth (if baptis	mal records are being requested)
Other names by whom	this person has been known (maiden name, etc.)
Name of the person re	questing certificate
Relationship to the person whose certificate is being requested: Self Parent of minor child	
Requesting:	Baptismal Certificate
	First Communion Certificate
	Confirmation Certificate
	Marriage Certificate
	Holy Orders
Requestor's Contact Ir	formation or Parish where information is to be sent:
Street Address	
City, State and Zip Cod	e
Daytime Phone Numb	er or Email Address
I certify that I have rea	ad the above information and that I am requesting my own certificate or that of my
Signature	Date