



SACRED HEART PARISH

Sacred Heart Church ~ St. Joseph the Worker Mission

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Request for Current Baptismal Record

(From Catholic churches other than Sacred Heart Parish)

Church: _____ Mailing Address: _____

City/State/Zip: _____ Phone: _____

Date of Request: _____ Date Needed by: _____

Type of Certificate: ☐ Baptism ☐ Profession of Faith (*please add the notations*)

Note to church of baptism: Please indicate ALL notations.

Reason for request: ☐ First Communion ☐ Confirmation ☐ Marriage ☐ Other: _____

Full Name: _____
(First) (Middle) (Last) (Maiden)

Name changes (if any): _____

Date of Birth: _____ Place of Birth: _____

Date of Baptism: _____ Priest/Deacon: _____

Parents: _____

Mother's Maiden Name: _____

Sponsors/Godparents: _____

Requestor's Name (Please print) Phone: _____

Relationship: ☐ Self ☐ Parent/Guardian of minor Alt Ph.: _____

Email: _____

Requestor's Signature

Date

MAIL RECORD TO: Sacred Heart Parish
Attn: Sacramental Records
PO Box 38
Battle Ground, WA 98604

Please include a copy of this request. Thank you.