



SACRED HEART PARISH

Sacred Heart Church - St. Joseph the Worker Mission

PO Box 38 Battle Ground, Washington 98604

Office Tel: (360) 687-4515

Fax (360) 687-3322

www.sacredheartbg.org

info@sacredheartbg.org



Request for Sacramental Record

Date of Request: _____

Date Needed By: _____

Type: ☐ Baptism ☐ Profession of Faith ☐ First Communion ☐ Confirmation ☐ Marriage

Reason for request: _____

☐ Please notify my church of baptism (list address below)

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

Name Changes (if any): _____

Date of Birth: _____ Place of Birth: _____

Church: ☐ Sacred Heart, Battle Ground ☐ St. Joseph the Worker, Yacolt

Date of Sacrament: _____ Priest: _____

Parents: _____ Mother's Maiden Name: _____

Godparents/Sponsors: _____

Name and address of parish where certificate should be mailed:

Attn: _____ Phone: _____

Requestor's Name (Please Print): _____

Alt. Ph.: _____ Email: _____

Requestor's Signature

Date

MAIL OR FAX COMPLETED REQUEST TO:

Sacred Heart Parish
Attn: Sacramental Records
PO Box 38
Battle Ground, WA 98604
FAX No.: 360-687-3322