

**Church of St. Raphael**  
**7301 Bass Lake Road**  
**Crystal, MN 55428**  
**763-537-8401**

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 parent or guardian of a minor child; or a requesting parish or diocese. *No certificates are issued for genealogical purposes.* **Individuals requesting these certificates must provide proof of identification (such as driver's license). No proof of identity is needed if this certificate is being mailed directly to another church.**

Name of the person whose certificate is being requested: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Name of the person requesting certificate: \_\_\_\_\_

Requester's Contact Information:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Relationship to person whose certificate is being requested: \_\_\_\_\_ Self \_\_\_\_\_ Parent of minor child

Requesting: \_\_\_\_\_ Baptismal Certificate \_\_\_\_\_  
Date Sacrament Conferred

\_\_\_\_\_ First Communion Certificate \_\_\_\_\_  
Date Sacrament Conferred

\_\_\_\_\_ Confirmation Certificate \_\_\_\_\_  
Date Sacrament Conferred

\_\_\_\_\_ Marriage Certificate \_\_\_\_\_  
Date Sacrament Conferred

\_\_\_\_\_ Holy Orders \_\_\_\_\_  
Date Sacrament Conferred

I certify that I have read the above information and that I am requesting my own certificate or that of my minor child.

Signature \_\_\_\_\_

Where certificate should be sent to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_