

Date: \_\_\_\_\_

*St. Padre Pio Parish*

**SACRAMENT CERTIFICATE COPY REQUEST FORM**

Sacrament(s): \_\_\_\_\_

Name (s) on Certificate: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Name of Parish (St Hilary/Transfiguration/St Padre Pio): \_\_\_\_\_

Date of Completion of Sacrament (or Estimated Date): \_\_\_\_\_

Name of Requestee & Relationship: \_\_\_\_\_

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

E-mail (Optional): \_\_\_\_\_

Purpose: \_\_\_\_\_

**Note: A non-refundable processing fee of \$10 PER CERTIFICATE and a copy of a state-issued photo ID must accompany this form.**

<https://www.givecentral.org/customizable-online-giving/55/>

**How Would You Like to Receive the Certificate? (Please Indicate Below)**

\_\_\_ Pick up in person

\_\_\_ Through the mail

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

Please note that the intended purpose of the copy is solely for personal use, and it cannot serve as any kind of supplement or alternative legal documents.



*For Office Use Only*

\_\_\_ ID

Notes: