SACRAMENTAL RECORDS REQUEST FORM

Please use this form for requesting Sacramental Records. Complete and mail, hand deliver or fax to the following address:

> Nativity Catholic Church 705 E. Brandon Blvd. Brandon, Florida 33511-5443 (813) 681-4608 + (813) 653-9482 (FAX) www.nativitycatholicchurch.org

Name on Record: (First)		est)	(Middle)	Last
Sacrament Rec	ord Red	quested:		
	Name	Confirmation Marriage rriage Certificate is requ of Bride (First and Man	Date of First Date of Conf Date of Mari uested, please no iden Name) requi	ism Communion irmation riage te: ired:
Birth Date:				
City of Birth:				
State of Birth:				
Father's Name:	•			
Mother's full N	Name (i	ncluding Maiden Name:	.)	
Godparents/Spo	onsors/	Witnesses:		
Name of President	ding Pr	iest or Deacon:		
Requester's Re	lations	nip to Person named in 1	record:	
Printed Name o	of Requ	ester:		
Signature of Re	equeste	r:		Date
Your Name and	d Addre	ess (for mailing Certifica	ate):	
Phone Number	:			
Email Address:	:			