



Instructions for Requesting Sacramental Certificates

SACRAMENTAL RECORDS ARE IMPORTANT TO AN INDIVIDUAL'S IDENTITY BOTH IN THE CHURCH AND IN SOCIETY. THE INFORMATION CONTAINED IN THE RECORDS IS THE PROPERTY OF THE INDIVIDUAL WHO RECEIVED THE SACRAMENT AND THE PARISH. OUR PARISH HAS ADOPTED THE FOLLOWING GUIDELINES FOR THE RELEASE OF SACRAMENTAL INFORMATION.

REQUESTS FOR VERIFICATION OF SACRAMENTS MUST BE RECEIVED IN WRITING, USING THE "SACRAMENTAL CERTIFICATE REQUEST" FORM BELOW. THIS FORM MUST BE COMPLETED IN ITS ENTIRETY AND SUBMITTED VIA EMAIL TO LYNNE PASION: lpasion@avemaria.church OR 1ST CLASS MAIL.

CATHOLIC PRIESTS/PARISH STAFF MEMBERS MAY CONTACT THE PARISH OFFICE BY PHONE AT (303) 841-3750. SACRAMENTAL CERTIFICATES VERIFYING THE RECEPTION OF BAPTISM, CONFIRMATION, MARRIAGE AND FIRST COMMUNION CAN ONLY BE RELEASED TO THE FOLLOWING PERSONS:

1. THE INDIVIDUAL WHO RECEIVED THE SACRAMENT (AGE 18 OR OLDER).
2. A PARENT NAMED IN THE RECORD OF A CHILD UNDER 18 YEARS OLD.
3. THE LEGAL GUARDIAN OF A CHILD UNDER 18 PROVIDING PROOF OF GUARDIANSHIP.
4. THE SPOUSE OR EXECUTOR OF A DECEASED PERSON PROVIDING PROOF OF DEATH.
5. CATHOLIC CLERGY OR HIS DELEGATE.

THE CERTIFICATE WILL BE PREPARED AND MAILED WITHIN 14 DAYS TO ANY OF THE ABOVE, OR CAN BE PICKED UP AT THE PARISH OFFICE BY ANY OF THE ABOVE, OR BY A PERSON DELEGATED BY THE REQUESTOR.

AVE MARIA CATHOLIC CHURCH
9056 E Parker Rd.
Parker, CO 80138
(303) 841-3750
www.avemaria.church



Sacramental Certificate Request Form

Full Name of Person(s) on the Certificate:

First _____ Middle _____ Last _____

First _____ Middle _____ Last _____

Certificate Requested: Baptism _____ Confirmation _____ Marriage _____ First Communion _____

Date of Sacrament (or approximate): _____

Please provide the following:

Date of Birth _____ City of Birth _____

Name of Parents _____

Name of godparent(s) /sponsor/witness _____

Name of Person Requesting Document: _____

Relationship to Certificate Holder:

- Self
- Parent of child under 18 years
- Spouse/parent of deceased person
- Clergy/Parish (provide name of Clergy) _____

Name of Church _____

Address of Church _____

Certificate will be:

- Picked up by requestor
- Mailed to Clergy at the Church listed above
- Mailed to Requestor/Delegate

To be received by:

Name: _____

Street Address _____

City, State, Zip _____

Email of requester _____ Phone # of requester _____

Submit this form by mail to : Ave Maria Catholic Church, or bring completed form to the parish office during regular business hours. Requests mailed or available for pick up within 14 days of receipt of request.