

Church of the Magdalene

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SACRAMENTAL CERTIFICATE REQUEST

Please complete this form in its entirety so that we may be able to process your request in a timely manner.

NAME of the person who received the Sacrament: _____

MAIDEN NAME (if applicable): _____

NAME and relationship of the person requesting: _____

Date of Birth: _____

Approximate Date of the Sacrament: _____

Mailing Address: _____

E-Mail: _____

Phone #: _____

_____ Baptismal

_____ Confirmation

_____ Communion

_____ Marriage

Donation: _____