

SAINT JOHN PAUL II CATHOLIC MISSION

2410 S. Smith Rd SW
Gainesville, GA 30504

Sacramental Records Request Form

***Please indicate the Sacrament received at SJPII for which you are requesting a certificate. [Please Note: if you were NOT baptized at SJPII, you must contact the parish of your Baptism to receive a baptismal certificate.]**

Baptism
First Communion
Confirmation
Marriage
RCIA

Regarding the person for which you are requesting the Sacramental Record, please provide:

*First Name of Person as shown in Record: _____
*Last Name of Person as shown in record: _____
*Date of Birth: _____
*Father's First Name': _____
*Father's Last Name: _____
*Mother's First Name: _____
*Mother's Maiden Name: _____
*Mother's Last Name: _____

Now we will ask you some questions about yourself:

***What is your relationship to the individual for which you are requesting Sacramental Records?**

<input type="checkbox"/>	I am the person named in the record
<input type="checkbox"/>	I am the parent of the minor child named in the record

*Your First and Last Name: _____
*Your Mailing Address: _____
*City: _____
*State/Province/Region: _____
*Zip/Postal Code: _____
*Best Phone Number where we may reach you: _____

PLEASE NOTE: Each request requires a copy of your photo ID. Certificates will be mailed unless noted. If you have additional questions, please call, email, or write:

Claudia Acosta **770-532-6772 or ccacosta@sjp2cc.org**
Office Manager