

Request for Sacramental Certificate

St. Augustine _____

St. Mary _____

Date

Child's (Your) Name

Father's Name

Mother's Name (including maiden name)

Place of Birth

Date of Birth

Date of Baptism
(year only is ok if
you don't know date)

Date Form is Needed
(Please do not use ASAP)

Your mailing address (street address)

Your City/State/Zip Code

Your Phone Number

Signature



Please remit \$5.00 certificate fee with the completed request and return to:

Catholic Community of St. Augustine & St. Mary
P.O. Box 1319
Oak Harbor, WA 98277

Phone: (360) 675-2303
Fax: (360) 675-9490
Email: information@staugustineoh.org

\$5.00 fee is due at time of request and before processing.