

HOLY NAME OF JESUS CHURCH

1555 39th Ave. San Francisco, CA. 94122 (415) 664-8590 fax (415) 759-4293 www.holynamesf.org

Sacramental Record Request

Please complete the form then mail or fax it to Holy Name of Jesus Church.

Information About the Person who Received a Sacrament at Holy Name of Jesus Church

First Name: _____ Middle Name: _____

Last Name: _____

Maiden Name (If Applicable): _____

Date of Birth: _____

Sacrament (s) Received: Baptism First Holy Communion Confirmation Marriage

If known, the date(s) the Sacrament(s) were made:

Who Is Making This Request?

Full Name: _____

Phone #: _____

Email Address: _____

Relationship to person in this request? _____

Who Are We Mailing This Record To?

Full Name: _____

If being sent to a church, the Name of the Church: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone # (if known): _____

Email (if known): _____