



St. Joseph's Parish

151 Laurier Avenue East, Ottawa, ON K1N 6N8

Phone: 613-233-4095 Fax: 613-233-4594 E-mail: frontdesk@st-josephs.ca

Sacrament Certificate Request Form

Please, print clearly. Fill out as much of the following information as possible. Sacramental records are not public and fall under policies of the Government of Ontario and the Archdiocese of Ottawa.

Baptism Certificate Confirmation Certificate Marriage Certificate Funeral/Burial Records

Name of person on record (at time of Sacrament): _____

Date of birth: _____ Place of birth: _____

Date of Baptism/Confirmation/Funereal: _____ Officiating Priest/Deacon: _____

Father's name: _____ Mother's maiden name: _____

Godfather/Sponsor/Witness: _____ Godmother/Sponsor/Witness: _____

My relationship to the person named above:

<input type="checkbox"/> MYSELF and I have: <input type="checkbox"/> Attached a photocopy of my identification. <i>(documents you provide will be shredded upon certificate approval)</i>	<input type="checkbox"/> MY MINOR CHILD and I have: <input type="checkbox"/> Attached a photocopy of my identification <u>AND</u> <i>(If family is not known).</i> <input type="checkbox"/> Attached a copy of child's birth certificate <i>(if family is not known). (documents you provide will be shredded upon certificate approval)</i>	<input type="checkbox"/> INFIRMED/DECEASED AND I AM A RELATIVE and I have: <input type="checkbox"/> Attached a photocopy of my identification <u>AND</u> <input type="checkbox"/> Attached proof of family relationship <u>AND</u> <input type="checkbox"/> Attached proof of guardianship, power of attorney or executor status <u>AND</u> <input type="checkbox"/> Attached death certificate <i>(if deceased)</i> <i>(documents you provide will be shredded upon certificate approval)</i>
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Name of person requesting certificate: _____

Reason for certificate request: _____

Full Mailing Address: _____

Email: _____ Today's Date: _____

Phone: _____ Fax : _____ Signature: _____

How would you like to receive the certificate: In person Mail (above address) Fax Email

Fee paid by cash in person Fee paid by mailing check and photocopy of check is attached here before mailing

OFFICE USE: Prepared by: _____

Approved date: _____ Approved by: _____

Denied Additional Information requested