OUR LADY OF LA SALETTE ROMAN CATHOLIC CHURCH

2600 Harvard Road, Berkley, Michigan 48072 Voice (248) 541-3762 / Fax (248) 541-4250 / E-Mail office@lasalette-church.org

Sacrament Certificate Request

Certificate requested for:	First Name	Middle Name	Maiden Name	Last Name
Date of Sacrament:				
Father's Name:				
Mother's Name:				
		(include maide	n name)	
How will the certificate be	e delivered	?		
□ Pick up at parish of	fices			
□ Mail to:				
E-Mail to: (unofficial cop	y)			
Fax to: (unofficial copy) _				
Requested by:				
Relationship to "Requeste	ed for":			
Telephone Number (with are	a code):			

Sacramental Register # _____ Page _____ Line _____

 \Box Copy of certificate (both sides) made and filed.