Saint Rose of Lima Catholic Church
6451 Park Ave. Milton, FL 32570
Phone: 850-623-3600 Fax: 850-983-3043

When requesting sacramental certificates,
please complete and mail, hand deliver or Fax to Saint Rose of Lima Church.

Name on Record: _____ _____ _____
First Name *Middle* *Last Name*

_____ _____ _____
Date of Birth *City of Birth* *State of Birth*

Mother's Full Name: _____ _____ _____
First Name *Middle* *Last Name*

Father's Full Name: _____ _____ _____
First Name *Middle* *Last Name*

Sacrament Record Requested:

☐ Baptism Date of Baptism: _____

If Baptism Certificate Requested:
Was 1st Communion received at St. Rose of Lima? If yes year _____

Was person confirmed at St. Rose of Lima? If yes year _____

☐ First Communion Date of First Communion: _____

☐ Confirmation Date of Confirmation: _____

☐ Marriage Date of Marriage: _____

Bride's First and Maiden Name: _____
Groom's First and Last Name: _____

Requester's Relationship to Person named in record: _____

Print Name of Requestor: _____

Signature of Requestor: _____

Address: _____

City/State/Zip: _____

Daytime Phone: _____ Cell: _____

For office use only:

Date Received _____ **Date Mailed** _____

Processed by: _____