

Date of request: \_\_\_\_\_

## *Sacramental Certificate Request Form*

**St. Isaac Jogues Church**  
1148 Finch Ave., Pickering, ON L1V 1J6  
905-831-3353 (phone) 905-420-6365 (fax) [stisaacjogues@bellnet.ca](mailto:stisaacjogues@bellnet.ca)

Please complete this form to the fullest extent possible. In order to protect the confidentiality of these records, certificates will only be issued to **the individual named on the certificates, the parent or guardian of a minor child, or a requesting parish or diocese.**

Name of the person whose certificate is being requested: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name of the person requesting certificate: \_\_\_\_\_

Relationship to person whose certificate is being requested:

- Self
- Parent of minor child

**A valid photo I.D. must be presented, unless the document is being sent directly to a parish or Archdiocesan school.**

Requesting:

- Baptismal Certificate      Date Sacrament Conferred: \_\_\_\_\_
- Confirmation Certificate      Date Sacrament Conferred: \_\_\_\_\_

**Requester's Contact Information:**

Street Address \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ email \_\_\_\_\_

**I certify that I have read the above information and that I am requesting my own certificate or that of my minor child.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please allow at least 7 working days for the certificate to be issued.**