

# Instructions for Requesting Sacramental Certificates

SACRAMENTAL RECORDS ARE IMPORTANT TO AN INDIVIDUAL'S IDENTITY BOTH IN THE CHURCH AND IN SOCIETY. THE INFORMATION CONTAINED IN THE RECORDS IS THE PROPERTY OF THE INDIVIDUAL WHO RECEIVED THE SACRAMENT AND THE PARISH. OUR PARISH HAS ADOPTED THE FOLLOWING GUIDELINES FOR THE RELEASE OF SACRAMENTAL INFORMATION.

REQUESTS FOR VERIFICATION OF SACRAMENTS MUST BE RECEIVED IN WRITING, USING THE "SACRAMENTAL CERTIFICATE REQUEST" FORM BELOW. THIS FORM MUST BE COMPLETED IN ITS ENTIRETY AND SUBMITTED VIA EMAIL TO Fr Tom Jamka: [fr.tom.jamka@gmail.com](mailto:fr.tom.jamka@gmail.com) OR 1<sup>ST</sup> CLASS MAIL.

CATHOLIC PRIESTS/PARISH STAFF MEMBERS MAY CONTACT THE PARISH OFFICE BY PHONE AT 719-775-9382. SACRAMENTAL CERTIFICATES VERIFYING THE RECEPTION OF BAPTISM, CONFIRMATION, MARRIAGE AND FIRST COMMUNION CAN ONLY BE RELEASED TO THE FOLLOWING PERSONS:

1. THE INDIVIDUAL WHO RECEIVED THE SACRAMENT (AGE 18 OR OLDER).
2. A PARENT NAMED IN THE RECORD OF A CHILD UNDER 18 YEARS OLD.
3. THE LEGAL GUARDIAN OF A CHILD UNDER 18 PROVIDING PROOF OF GUARDIANSHIP.
4. THE SPOUSE OR EXECUTOR OF A DECEASED PERSON PROVIDING PROOF OF DEATH.
5. CATHOLIC CLERGY OR HIS DELEGATE.

THE CERTIFICATE WILL BE PREPARED AND MAILED WITHIN 14 DAYS TO ANY OF THE ABOVE, OR CAN BE PICKED UP AT THE PARISH BY ANY OF THE ABOVE, OR BY A PERSON DELEGATED BY THE REQUESTOR.

**Our Lady of Victory Parish - Limon**  
**St. Anthony of Padua Parish - Hugo**  
**St. Mary Parish - Flagler**

P.O. Box 790, Limon Co 80828

<https://www.easternplainscatholic.com/>

# Sacramental Certificate Request Form

Full Name of Person(s) on the Certificate:

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Certificate Requested: Baptism \_\_\_\_\_ Confirmation \_\_\_\_\_ Marriage \_\_\_\_\_ First Communion \_\_\_\_\_ Date of Sacrament (or approximate): \_\_\_\_\_

Please provide the following:

Date of Birth \_\_\_\_\_ City of Birth \_\_\_\_\_  
Name of Parents \_\_\_\_\_  
Name of godparent(s) /sponsor/witness \_\_\_\_\_  
Name of Person Requesting Document: \_\_\_\_\_

Relationship to Certificate Holder:

Self  
 Parent of child under 18 years  
 Spouse/parent of deceased person  
 Clergy/Parish (provide name of Clergy) \_\_\_\_\_

Name of Church \_\_\_\_\_ Address of Church \_\_\_\_\_  
\_\_\_\_\_

Certificate will be:

Picked up by requestor  
 Mailed to Clergy at the Church listed above  
 Mailed to Requestor/Delegate

To be received by:

Name: \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Email of requester \_\_\_\_\_ Phone # of requester \_\_\_\_\_

Submit this form by mail to: OLV Parish or bring completed form to the parish during regular business hours. Available for pick up within 14 days of receipt of request.