



Church of St. Brendan

8725 S.W. 32<sup>nd</sup> St . Miami . FL . 33165 . Tel. (305) 221-0881

PICK UP  MAIL

**CERTIFICATE REQUEST**

DATE: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

NAME OF PERSON REQUESTING CERTIFICATE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ FAMILY NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY STATE ZIP CODE

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**PLEASE PLACE A CHECK MARK NEXT TO YOUR REQUEST**

BAPTISM \_\_\_\_\_ FIRST COMMUNION \_\_\_\_\_ CONFIRMATION \_\_\_\_\_ MARRIAGE\* \_\_\_\_\_

NAME DATE OF BIRTH DATE OF SACRAMENT

NAME	DATE OF BIRTH	DATE OF SACRAMENT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NAME OF FATHER: \_\_\_\_\_

NAME OF MOTHER (MAIDEN NAME): \_\_\_\_\_

NAME OF CHURCH REQUESTING INFORMATION: \_\_\_\_\_

**\*FOR MARRIAGE CERTIFICATE, PLEASE LIST NAME OF SPOUSE, IF WIFE, PLEASE LIST MAIDEN NAME BELOW:**

NAME OF SPOUSE: \_\_\_\_\_

**DONATION: \$12.00 each Certificate. DONATION IS NON-REFUNDABLE**

**Certificates will be mailed. If picking -up, will have 48 hours, after which Certificate will be mailed.**

**PLEASE ALLOW ONE WEEK FOR CERTIFICATES. RECEPTIONIST WILL CALL WHEN CERTIFICATES ARE READY.**

*****FOR OFFICE USE ONLY*****			
Paid: CASH: _____	CK: _____	CK. NO. _____	CREDIT: _____
Processed by: _____		Remarks: _____	
Date received: _____		Date of completion: _____	