

OUR LADY OF FATIMA  
Catholic Church

200 NORTH DALE RD. MOSES LAKE, WASHINGTON 98837-1647 509-765-6729 fax 509-765-0114

**Request for Sacramental Records**

Please complete this form and mail it or fax it to our parish to request a Sacramental Record  
*(Use a separate form for each Sacrament. Please print or type.)*

**Full Name(s) r Person(s):**

*(Person(s) who received the Sacrament – include Spouse's full maiden name for Marriage)*

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**Sacramento Received:**

*(Baptism, First Communion, Confirmation, or Marriage)*

**Date Sacramento Received:**

*(Enter Month, Day & Year)*

**Name of Priest Who Officiated:**

*(Helpful if Sacramental record cannot be found)*

**Record Number:**

*(If known)*

**Your Name and Mailing Address (for mailing certificate):**

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**Your Email Address:**

**Your Phone Number:**

*(For communication purpose)*

**Signature of person requesting record:**

**Today's Date:**

*I affirm that I am 18 years of age, the information given is correct, and I take full responsibility to the use of this information*

**Relationship to name on record:**

*(for ex., mother, father, etc.)*