



**Church of St. Dominic**  
**216 Spring Street North**  
**Northfield, Minnesota 55057**  
**(507) 645-8816**

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 certificate, the parent or guardian of a minor child, or a requesting parish or diocese.

**No certificates are issued for genealogical purposes.**

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

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

Other names by which this person has been known (maiden name, etc.) \_\_\_\_\_

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

Relationship to the person whose certificate is being requested:  Self  Parent of minor child

Requesting:  Baptismal Certificate \_\_\_\_\_  
Date Sacrament Conferred \_\_\_\_\_

First Communion Certificate \_\_\_\_\_  
Date Sacrament Conferred \_\_\_\_\_

Confirmation Certificate \_\_\_\_\_  
Date Sacrament Conferred \_\_\_\_\_

Marriage Certificate \_\_\_\_\_  
Date Sacrament Conferred \_\_\_\_\_

Holy Orders \_\_\_\_\_  
Date Sacrament Conferred \_\_\_\_\_

**Requestor's Contact Information**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Email address: \_\_\_\_\_

**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: \_\_\_\_\_

For office use only

Rec'd by \_\_\_\_\_

Date rec'd \_\_\_\_\_

Date mailed: \_\_\_\_\_