



# CHRIST THE KING

CATHOLIC CHURCH

4000 Ave Maria Drive, Ann Arbor, MI 48105

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## SACRAMENTAL RECORDS REQUEST *(Please print)*

Request Date: \_\_\_\_\_

Type of Sacrament:  Baptism  Marriage  Communion  Confirmation

Name at Time of Sacrament: \_\_\_\_\_

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

Name of Father: \_\_\_\_\_

Maiden Name of Mother: \_\_\_\_\_

Purpose of Request: \_\_\_\_\_

Requested by *(Name of individual or Parish)*: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

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

Please check which method you wish to receive the certificate:  Mailed  Pick up at Parish Office

*(Note: For sacrament preparation, records must be mailed directly to the church office.)*

Send to: \_\_\_\_\_

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

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

Attention: \_\_\_\_\_

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

*(Signature of Named Recipient of Sacrament or Authorized Recipient of Document)*

**A COPY OF YOUR PHOTO ID MUST ACCOMPANY THIS FORM**

*For Office Use Only*

Sacramental Register Number: \_\_\_\_\_  
Year \_\_\_\_\_ Page Number \_\_\_\_\_ Item Number \_\_\_\_\_

Researcher / Recorder: \_\_\_\_\_ Date Issued / Mailed: \_\_\_\_\_