

ST. FRANCIS XAVIER CATHOLIC CHURCH

115 North First Street Clayton, NM 88415

Phone: (575) 374-8894 Fax: (575) 374-9500

REQUEST FOR CERTIFICATES AND DOCUMENTS

Date: _____ (Suggested Donation: \$10.00)

Intended for: _____ (full and exact name)

Address: _____

Phone Number: _____ Cell: _____

A) For Baptismal Certificate:

Date of Birth _____

Parent(s) Name _____

Church/Place of Baptism _____

Date of Baptism _____

B) For Confirmation Certificate:

Date of Birth _____

Year of Confirmation _____

Church/Place of Confirmation _____

C) For Marriage Certificate

Year of Marriage _____

Church/Place of Marriage _____

Name of the Husband or Wife _____

D) For Death Certificate

Year of Death _____

Burial Place _____

E) Parish Membership Certificate of Good Standing

Name _____

F) Other Certification

REQUESTED BY:

Name _____ Address _____

Phone _____ Payment/ Notes _____

(Pink:09/2015)