



# MOST HOLY TRINITY CHURCH

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## Instructions for Requesting Sacramental Certificates

Sacramental records are important to an individual's identity both in the church and in society. The information contained in the records is the property of the individual who received the sacrament and the parish. Our church has adopted the following guidelines for the release of sacramental information.

Request for verification of sacraments must be received in writing, using the "Sacramental Certificate Request" form below. This form must be completed in its entirety and submitted via email to

[contact@steannedetroit.org](mailto:contact@steannedetroit.org) OR 1st class mail.

Catholic priest/Parish staff members may contact the parish office by phone at (313) 965-4450 Ext. 10

Sacramental certificates verifying the reception of Baptism, Communion, Confirmation and Marriage can only be released to the following persons:

1. The individual who received the sacrament (Age 18 or Older).
2. A parent named in the record of a child under 18 years old.
3. The legal guardian of a child under the age of 18, providing proof of guardianship.
4. The spouse or executor of a deceased person providing proof of death.
5. Catholic Clergy or his delegate.

The certificate will be prepared and mailed within 14 days to any of the above or can be picked up at the parish office by any of the above, or by a person delegated by the requester.

Most Holy Trinity Church

1050 Porter St

Detroit, MI 48226

(313) 965-4450 Ext 10

[contact@steannedetroit.org](mailto:contact@steannedetroit.org)

***(Identification should be attached to the request form)***

# Sacramental Certificate Request Form

Full Name of Person(s) on the Certificate: **(separate request per certificate needed)**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Certificate Requested: Baptism \_\_\_\_ Confirmation \_\_\_\_ Marriage \_\_\_\_ First Communion \_\_\_\_

Date of Sacrament (or approximate): \_\_\_\_\_

Please provide the following:

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

Name of Parents: **(including mother's maiden name)**

\_\_\_\_\_

Name of godparent(s) /sponsor/witness

\_\_\_\_\_

Name of Person Requesting Document: \_\_\_\_\_

Relationship to Certificate Holder: **(please provide copy of photo ID)**

Self

Parent of child under 18 years

Spouse/parent of deceased person **(include death certificate)**

Name Clergy/Staff member \_\_\_\_\_

Name of Church \_\_\_\_\_

Address of Church \_\_\_\_\_

Certificate will be:

Picked up by requestor

Mailed to Clergy at the Church listed above

Mailed to Requestor/Delegate

Name: \_\_\_\_\_

Street Address \_\_\_\_\_

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

Email of requester \_\_\_\_\_ Phone # of requester \_\_\_\_\_

**Submit this form by mail or email to:** Most Holy Trinity Church or bring the completed form to the parish office during regular business hours (10am to 4pm - Lunch 12-1). Requests mailed or available for pick up within 14 days of receipt of request.