

Request for Sacramental Certificate

Please use this or similar form for requesting a Sacramental certificate.
Use separate form for each Sacrament. Complete online or mail to the following address:

**Sacramental Records Department
Archdiocese for the Military Services, USA
Post Office Box 4469
Washington, DC 20017-0469**

Full Name(s) of Person(s): _____
(Who received the Sacrament – include Spouse's full maiden name for Marriages)

Type of Sacrament received: _____
(Baptismal, First Communion, Confirmation, Marriage)

Date Sacrament received: _____
(Enter Month, Day & Year or Month & Year or Year)

Place where Sacrament was received: _____
(Enter name of military installation and its geographical location)

Name of Catholic Chaplain who officiated: _____
(Helpful if Sacramental record cannot be found)

Record Number: _____
(If known)

Full Name of Person Requesting the Record: _____

Relationship to the Person who Received the Sacrament: _____

Mailing Address (for mailing certificate):

Email address: _____
(For communication purposes)

***Processing time varies (6-7 weeks)
Busiest time: Mid-January thru Mid-June***