



APPLICATION FOR SACRAMENTAL CERTIFICATES

Type(s) of Certificate(s) Being Requested		
<input type="checkbox"/> Baptismal	<input type="checkbox"/> Communion	<input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage
Information about the Sacramental Ceremony		
Name: (at time of ceremony)	Spouse's Name: (marriage only)	
Date of Birth:	Date of Ceremony:	
Father's Name: (first and last for baptism)	Mother's Name: (first and maiden for baptism)	
Sponsor (baptism) or Witness (marriage)	Sponsor (baptism) or Witness (marriage)	
Name of Church:	Location of Church:	
Information about the Requestor		
Relationship to recipient:		
Send Certificate to: (name)		
Address Line One:		
Address Line Two:		
City:	State:	Zip:
Phone Number:	Fax Number:	E-Mail Address:
Completing Your Application		
<input type="checkbox"/> I have enclosed a check for five dollars (\$5.00) <i>per certificate</i> payable to Seton Hall University Archives (Do not staple check, please.)		
Signature of Applicant:	Date of Request:	
Please Mail to:	Attention: Sacramental Records Clerk Msgr. William Noé Field Special Collections Center & Archives Walsh Library Seton Hall University 400 South Orange Avenue South Orange, New Jersey 07079	

For questions please call 973-761-9476