

Our Lady of Sorrows Parish
19 Calle de la Iglesia/PO Box 32, La Joya, NM 87028
Phone/Fax: 505-864-4461

When requesting sacramental certificates,
Please complete and mail, hand deliver or Fax to Our Lady of Sorrow Parish.

Name on Record: _____
First Name Middle Last Name

_____ *Date of Birth City of Birth State of Birth*

Mother's Full Name: _____
First Name Middle Last Name

Father's Full Name: _____
First Name Middle Last Name

Sacrament Record Requested:

Baptism Date of Baptism: _____

If Baptism Certificate Requested:

Was 1st Communion received at Our Lady of Sorrows? If yes year _____

Was person confirmed at Our Lady of Sorrows? If yes year _____

First Communion Date of First Communion: _____

Confirmation Date of Confirmation: _____

Marriage Date of Marriage: _____

Bride's First and Maiden Name: _____

Groom's First and Last Name: _____

Requester's Relationship to Person named in record: _____

Print Name of Requestor: _____

Signature of Requestor: _____

Address: _____

City/State/Zip: _____

Daytime Phone: _____ Cell: _____

For office use only:
Date Received _____ **Date Mailed** _____

Processed by: _____