

St. Gregory The Great

Request For Sacramental Records

First Name:	
Middle Name:	
Last Name:	
Maiden Name:	
Birthdate:	MO DD YR
Sacramen CHOOSE 1 OR MOR	tal Records Requested
Baptism	
First Comn	nunion
Confirmation	on
Marriage	
Birthdate:	
Send Reco	ords To:
Name:	
Address:	
City:	
State:	
Zipcode:	
Email:	

in praying do not hea as the Gentiles d at they will be hea *Do not be li im. Pray th to you, Our Father who art in h for those wh you may b Hallowed be thy name. in heave 10 Thy kingdom come, Thy will be done, On earth as it is in u Give us this day nd forgive