

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)

Date of birth: _____

Parents' Full Names: _____

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)

Mailing Address (for mailing certificate):

Email address: _____

(For communication purposes)

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