Today's Date:			
Name:			
Address:			
City:	State:	Zip Cod	e:
Phone:			
Registered Parishioner:	Yes	☐ No	
Please look up name. If the individue the parish boundaries, we cannot wr	_		do not live within
Sacrament: Baptism	Confirm	ation	Marriage
Who will receive the Sacrament	?		
Your role? Parent G	odparent S	Sponsor	Fiancé(e)
Date of Sacrament:			
Church Contact Name:			
Title:			
Name of Church:			
Address:	State:	Zip Cod	e:
Phone number:	Fax number:		

Letters will be sent directly to the church.

Please allow 5-10 days for request to be processed.

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