



# MOST HOLY TRINITY PARISH

212 Route 390 • Cresco, Pa. 18326

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## REQUEST FOR SACRAMENTAL RECORDS

Date: \_\_\_\_\_

Record Requested:

\_\_\_\_\_ Baptism

\_\_\_\_\_ First Holy Communion

\_\_\_\_\_ Confirmation

\_\_\_\_\_ Marriage

Name as stated on certificate: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Date of Sacrament: \_\_\_\_\_

Father's full name: \_\_\_\_\_

Mother's full name/maiden: \_\_\_\_\_

Location of Celebration:

\_\_\_\_\_ St. Ann, Tobyhanna

\_\_\_\_\_ St. Bernadette, Canadensis

\_\_\_\_\_ St. Mary, Mount Pocono

\_\_\_\_\_ Most Holy Trinity, Cresco

Any other pertinent information: \_\_\_\_\_

\_\_\_\_\_

Name of person requesting certificate: \_\_\_\_\_

Relation: (e.g. self, parent, etc.) \_\_\_\_\_

Phone Number: \_\_\_\_\_

### ***Forward Record to:***

Name/Parish: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

*Note: Please allow one week after receipt of request in the parish office for processing*

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### **Office Use Only:**

**Date Requested:** \_\_\_\_\_

**Date Processed:** \_\_\_\_\_

**Date Sent/Picked-up:** \_\_\_\_\_