



MOST HOLY TRINITY PARISH

236 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

Office Use Only:

Date Requested: _____

Date Processed: _____

Date Sent/Picked-up: _____