Sacramental Record Request

Please mail or email to the addresses below

PLEASE PRINT CLEARLY

Name of Sacramental Recipient

_____

Desired Sacramental Record

_____

Approximate Date of the Reception of the Sacrament

_____

Address to which the Certificate will be sent

_____

_____

Our Lady of Lourdes Mission

Mailing Address:
25352 NE 134th Pl
Salt Springs, FL 32134

PHONE
(270) 564-3355

EMAIL
lourdes.mission.fl@gmail.com