

SAINT COLUMBAN CATHOLIC CHURCH

10801 Stanford Avenue, Garden Grove, CA 92840-5118

Telephone: 714-534-1174

Fax: 714-534-1937

Certificate Request Form

- | | |
|--|--------------------------|
| <input type="checkbox"/> Baptismal Certificate | Date of Sacrament: _____ |
| <input type="checkbox"/> First Communion Certificate | Date of Sacrament: _____ |
| <input type="checkbox"/> Confirmation Certificate | Date of Sacrament: _____ |

Note: You must complete this entire form and pay the processing fee **before** we can process your request. You **must** write down a sacrament date, even if it is only the year it took place. **We cannot process your request without all of the required information.**

Full Legal Name of person: _____

Date of Birth: _____

Place of Birth: _____

Fathers Name: _____

Mother's Maiden Name: _____

Sponsor/ Godparent's Name: _____

Current Address and Daytime Phone Number: _____

Email Address: _____

Please understand that it takes 5 - 7 workdays to process your request.

There is a \$5.00 processing fee.

Please return this completed form with your processing fee.