

# SAINT COLUMBAN CATHOLIC CHURCH

10801 Stanford Avenue, Garden Grove, CA 92840-5118  
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## 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 non-refundable 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 non-refundable processing fee.

Please return this completed form with your processing fee.