



20870 VENTURA BLVD., WOODLAND HILLS, CA 91364

REQUEST FOR SACRAMENTAL CERTIFICATE

****CERTIFICATES MAY ONLY BE REQUESTED BY CERTIFICATE HOLDER—EXCEPT WHEN MINOR THEN PARENT OR LEGAL GUARDIAN ONLY****

REQUESTOR:

NAME _____

ADDRESS _____

PHONE _____ **EMAIL** _____

***NAME OF MINOR:** _____

***ONLY IF REQUESTING CERTIFICATE FOR MINOR**

SACRAMENTAL INFORMATION:

BAPTISM

FIRST COMMUNION

CONFIRMATION

OTHER _____

SACRAMENT DATE: _____

DATE OF BIRTH: _____

MOTHERS MAIDEN NAME: _____

FATHERS NAME: _____

***MUST SHOW PICTURE I.D. TO PICK-UP CERTIFICATE**

**** IF TO BE MAILED PLEASE ATTACH PICTURE ID TO REQUEST.**

IF TO BE PICKED UP BY ANOTHER INDIVIDUAL PLEASE INDICATE BELOW:

NAME: _____

AUTHORIZED

SIGNATURE: _____ **DATE:** _____