

St. Kieran Catholic Church: Certificate Request Form

Name of Person For Whom Certificate is Required

Your Address

City, State, ZIP

Your Daytime Telephone Number

Your Evening Telephone Number

Your Email Address

It is our policy to send out two certificates: one to the individual, one to the requesting Church. Please indicate in the space below the name, address, and individual at the Church requesting this certificate:

Name of Church: _____

Address of Church: _____

Priest or Individual Requesting Certificate: _____

Indicate type of Certificate that is needed below

_____ **Baptismal Certificate**

Date of Birth: _____ Date of Baptism (if known:) _____

Father's Name: _____

Mother's Maiden Name: _____

Office Use Only Registry Page and Line Number: _____

Date of Baptism: _____

Presider's Name: _____

Sponsor(s): _____

_____ **First Eucharist Certificate**

Date of First Eucharist (if known:) _____

Office Use Only Registry Page and Line Number: _____

Date of First Eucharist: _____

Presider's Name: _____

Date & Church of Baptism: _____

_____ **Confirmation Certificate**

Date of Confirmation (if known:) _____

Office Use Only Registry Page and Line Number: _____

Date of Confirmation: _____

Presider's Name: _____

Sponsor Name: _____

Date & Church of Baptism: _____

For Office Use Only

Date Form Received: _____ Information Recd. By: _____

Date Processed and Sent: _____