



# ST. CHRISTOPHER CHURCH

629 S. Glendora Ave. West Covina, Ca. 91790

Telephone: (626) 960-1805

Processing Fee: \$25.00

Staff Receiving \_\_\_\_\_

Date Received \_\_\_\_\_

## CERTIFICATE REQUEST

FIRST NAME	MIDDLE INITIAL	LAST NAME
DATE OF BIRTH (Month/Date/Year)		PLACE OF BIRTH
FATHER'S FIRST NAME		FATHER'S LAST NAME
MOTHER'S FIRST NAME		MOTHER MAIDEN LAST NAME
CERTIFICATE REQUESTED <input type="checkbox"/> BAPTISM <input type="checkbox"/> 1ST COMMUNION <input type="checkbox"/> CONFIRMATION <input type="checkbox"/> MARRIAGE		
REQUEST BY		TELEPHONE
To be picked up On _____ By _____	To be faxed Fax # : _____	To be mailed to _____ _____

## SACRAMENT INFORMATION

### BAPTISM

Baptism date	Celebrant	
Church	City	State
Sponsor 1	Sponsor 2	

### 1st COMMUNION

1st Communion Date	Church	City/State
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### Confirmation

Confirmation Date	Confirmation Name	
Celebrant	Sponsor	
Church	City	State

### Marriage

Date	Celebrant	
Church	Sponsor	
Bride	City	State
Witness 1	Witness 2	