

# CERTIFICATE REQUEST FORM

San Francisco de Asis Parish

1600 E. Route 66

Flagstaff, AZ 86001

928-779-1341

\_\_\_\_\_ Baptism \_\_\_\_\_ 1<sup>st</sup> Communion \_\_\_\_\_ Confirmation \_\_\_\_\_ Marriage

\_\_\_\_\_ Letter of Good Standing \_\_\_\_\_ Profession of Faith

Requesting for: \_\_\_\_\_ Self \_\_\_\_\_ Child \_\_\_\_\_ Other \_\_\_\_\_

Name of person requesting Certificate **(Must be listed on Certificate with a copy of ID)**

\_\_\_\_\_ Last \_\_\_\_\_ First

Name on Certificate:

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle

Date & Place of Birth \_\_\_\_\_  
Month/Day/Year \_\_\_\_\_ Place

**Date and Place of Sacrament (Must be completed)** \_\_\_\_\_

## Parents Name

Father \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle

Mother \_\_\_\_\_  
Last (Maiden Name) \_\_\_\_\_ First \_\_\_\_\_ Middle

When ready please:

\_\_\_\_\_ Call for pick up by person listed on certificate Phone Number (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Mail to closes Catholic Church for pickup, by person listed on the certificate with ID

Church Name/Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature of person requesting certificate: \_\_\_\_\_

Office use only:

Date \_\_\_\_\_ Taken By \_\_\_\_\_

Date completed \_\_\_\_\_ By \_\_\_\_\_