

# 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

City of Birth \_\_\_\_\_ State \_\_\_\_\_

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:*** \_\_\_\_\_