



ST. CHRISTOPHER CHURCH
629 S. Glendora Avenue, West Covina, CA 91790
Telephone: (626) 960-1805 Fax: (626) 851-0595

CERTIFICATE REQUEST

FIRST NAME	MIDDLE INITIAL	LAST NAME		
DATE OF BIRTH (MM/DD/CCYY)	PLACE OF BIRTH			
FATHER'S FIRST NAME	FATHER'S LAST NAME			
MOTHER'S FIRST NAME	MOTHER'S MAIDEN LAST NAME			
CERTIFICATE REQUESTED	BAPTISM	1 ST COMMUNION	CONFIRMATION	MARRIAGE

REQUESTED BY	TELEPHONE	
TO BE PICKED UP ON _____ BY _____	TO BE FAXED FAX # : _____	TO BE MAILED TO: _____ _____

(CONTINUE ON THE BACK OF THIS SHEET)

SACRAMENT INFORMATION

BAPTISM

BAPTISM DATE	CELEBRANT	
CHURCH	CITY	STATE
SPONSOR 1	SPONSOR 2	

1ST COMMUNION

1 ST COMMUNION DATE	CHURCH	CITY/STATE
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CONFIRMATION

CONFIRMATION DATE	CONFIRMATION NAME	
CELEBRANT	SPONSOR	
CHURCH	CITY	STATE

MARRIAGE

DATE	CELEBRANT	
CHURCH	CITY	STATE
BRIDE	GROOM	
WITNESS 1	WITNESS 2	

ADDITIONAL COMMENTS:
