REQUEST FOR FIRST COMMUNION CERTIFICATE

**Please send with your request a copy of legal photo identification.**

Full Legal Name:

Email Address:

Date of First Communion:

Date of Baptism:

Place of Baptism:

Father’s Full Legal Name:

Mother’s Full Maiden Name:

Officiant:

Sponsors’ Full Name(s):

Address at time of First Communion:

Name of Person Requesting Certificate:

Address:

City: State: Zip:

Telephone:

Mail Certificate ( ) Contact when ready ( )

You may submit this form to the parish office, fax it to 713-748-8412, email it to: Claudia.UH.Newman@gmail.com, or mail this completed form to the address below.