

# Certificate / Letter Request Form

Emmaus Catholic Parish

1718 Lohman's Crossing Road | Lakeway, TX 78734 | 512-261-8500

office@emmausparish.org

In order to request a sacramental certificate, a letter of permission, a letter of good standing, or a Class Attendance Verification, this form must be submitted by email or brought/mailed to the Parish office with a \$5.00 non-refundable administrative fee. **Do not send cash in the mail.** Please allow 3 business days to complete requests. Only verified certificates and/or documents will be produced.

Date Requested (Month / Day/ Year): \_\_\_\_\_

Requestor's Name (if it is for a minor, the document will only be provided to a parent or legal guardian): \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip code: \_\_\_\_\_

Email: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

Please check with an **X** the type of **letter OR sacramental certificate\*** requested:

Letter of: ☐ **PERMISSION** ☐ **GOOD STANDING** ☐ **CLASS ATTENDANCE VERIFICATION**

Sacramental Certificate: ☐ **BAPTISM** ☐ **FIRST COMMUNION** ☐ **CONFIRMATION** ☐ **WEDDING**

## **\*IF REQUESTING A SACRAMENTAL CERTIFICATE, PLEASE COMPLETE THE SECTION BELOW:**

Name on Certificate (Birth Name): \_\_\_\_\_

Date of Birth (Month/ Day / Year): \_\_\_\_\_

Date of Sacrament (Month/ Day / Year): \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Godmother's Name: \_\_\_\_\_

Godfather's Name: \_\_\_\_\_

Notes: \_\_\_\_\_

Recipient's signature: \_\_\_\_\_ Date: \_\_\_\_\_

+++++ FOR OFFICE USE+++++

Date submitted \_\_\_\_\_ Fee received \_\_\_\_\_ Parishioner ID # \_\_\_\_\_

Date Completed \_\_\_\_\_ By \_\_\_\_\_