Confirmation Certificate Request Form

Emmaus Catholic Parish
1718 Lohman's Crossing Road | Lakeway, TX 78734 | 512-261-8500 ext. 302
ascend@emmausparish.org

To request a sacramental certificate, please submit this form to the Parish Office along with a $5.00 non-refundable administrative fee. For your security, do not send cash through the mail.
Please allow up to three business days for your request to be processed. Only certificates that were originally received at Emmaus or the Queen of Angels Chapel can be verified and reproduced.
Completed certificates will be issued with the Parish seal and either mailed to your home address or made available for pickup at the Parish Office. **Certificates cannot be sent via email.**

Date Requested (Month / Day/ Year): _____

Requestor's Name (**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: _____

Name of requesting church: _____

Mailing address, city & state: _____

Name and email address of church staff: _____

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

Letter of: ____**CLASS ATTENDANCE VERIFICATION**

Sacramental Certificate ____**CONFIRMATION**

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

Birth Name on Certificate: _____

Date of birth, city & state: _____

Date of Sacrament (Month/ Day / Year): _____

Mother's birth name: _____

Father's birth name: _____

Sponsor's Name: _____

Saint's Name: _____

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

Date submitted _____ Fee received _____ Parishioner ID #_____

Date Completed_____ By_____