

SJE Children's Ministry Duplicate Certificate Request

Please complete the form below and either drop-off, mail, or fax it to us. Requests usually take 3-5 business days. God bless you!

Date of Request: _____

Child's Information:

Last Name: _____

First Name: _____

Date of Birth: _____

Date of Baptism: _____

Certificate/Letter Requested:

First Communion: Year Received: _____

First Reconciliation: Year Received: _____

Class Attendance Letter: Year(s) Attended: _____

Requestor's Information:

Last Name: _____

First Name: _____

Relationship to Child: _____

Phone Number: _____

How would you like to receive your certificate/letter? Please select one:

I will pick-up from your office. Please call me when ready.

Fax: (_____) _____

Mail: Street: _____

City: _____ State: _____ Zip: _____

SJE Children's Ministry
9901 Mason Ave
Chatsworth, CA 91311
(818) 882-9323 * (818) 700-5142 fax

Received: _____/_____/_____

by: _____

Processed: _____/_____/_____

by: _____