

# **Certificate of Confirmation Request**

Date: \_\_\_\_\_

Name of person requesting certificate:

\_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Relationship to the confirmed:

\_\_\_\_\_

Home: (    ) \_\_\_\_\_ - \_\_\_\_\_

Cell: (    ) \_\_\_\_\_ - \_\_\_\_\_

Work: (    ) \_\_\_\_\_ - \_\_\_\_\_

Name of person who was confirmed:

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

City/State: \_\_\_\_\_

Confirmation date: \_\_\_\_\_

Parent(s):

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Reason for request: \_\_\_\_\_

Send this request, along with a photocopy of *your* Picture ID to:

Parish Secretary  
St. Alphonsus  
1429 W. Wellington  
Chicago, IL 60657