



# THE ROMAN CATHOLIC DIOCESE OF CHALAN KANOA

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## REQUEST FOR CONFIRMATION CERTIFICATE

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

Name of Confirmand: \_\_\_\_\_

Date of Confirmation: \_\_\_\_\_ Minister of Sacrament: \_\_\_\_\_

Church where Confirmation was celebrated: \_\_\_\_\_

Purpose: \_\_\_\_\_

Person making the request: \_\_\_\_\_

Contact number of the person making the request: \_\_\_\_\_

Date of pick-up: \_\_\_\_\_

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*(Admin Use Only)*

Payment received: \_\_\_\_\_

Receipt No.: \_\_\_\_\_

Received by: \_\_\_\_\_

Check No.: \_\_\_\_\_

Note: \_\_\_\_\_