



# THE ROMAN CATHOLIC DIOCESE OF CHALAN KANOA

P.O. BOX 500745, CHALAN KANOA, SAIPAN, CNMI, MP 96950

Tel.: 1670.234.3000 | Fax: 1670.235.3002 | [www.rcdck.org](http://www.rcdck.org)

## REQUEST FOR FIRST HOLY COMMUNION CERTIFICATE

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

Name of Communicand: \_\_\_\_\_

Date of FH Communion: \_\_\_\_\_ Minister of Sacrament: \_\_\_\_\_

Church where First Holy Communion 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: \_\_\_\_\_