



Assumption of the Blessed Virgin Mary Parish  
Our Lady of the Lake Church

10930 Alder Drive, Truckee, CA 96161 \*  
(530) 587-3595 \* Fax (530) 582-8648

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**FIRST HOLY COMMUNION CERTIFICATE REQUEST FORM** (\* Required)

\* Full Name of person that received FHC: \_\_\_\_\_  
(As show on the original certificate)

\* Date of Birth (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_ \* Date Requested: \_\_\_\_/\_\_\_\_/\_\_\_\_

\* Father's Full Name: \_\_\_\_\_

\* Mother's Full Maiden Name: \_\_\_\_\_

\* Church of FHC: [ ] Assumption Parish [ ] Our Lady of the Lake  
(Please Check One)

\* Date of FHC : \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of Priest: \_\_\_\_\_  
(If known) (If known)

\* Name of Person Requesting: \_\_\_\_\_

\* Relationship to the person that received FHC: \_\_\_\_\_  
(If not the person that received FHC)

\* Contact Information of the Person Requesting:  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Fax: \_\_\_\_\_

\* Name and Address for Mailing:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\* Send Certificate by: Mail [ ] Fax [ ] or Pick-Up [ ] (Choose one)

\* Signature: \_\_\_\_\_

Comment/s: \_\_\_\_\_  
\_\_\_\_\_

**For office use only:**

Date Mailed: \_\_\_\_\_ Date Faxed: \_\_\_\_\_ Date Picked-up: \_\_\_\_\_

*vj 05/18/17 \* Please allow at least 1 to 2 days to process \* \$10 donation per certificate*

