TRANSFIGURATION R.C. CHURCH
BAPTISMAL CERTIFICATE REQUEST FORM

NAME OF BAPTIZED: _____

first middle (maiden) last

(Copy OF BIRTH CERTIFICATE TO BE ATTACHED TO THIS FORM)

NAME OF PERSON MAKING REQUEST: _____

RELATIONSHIP TO BAPTIZED: _____

FORM OF IDENTIFICATION SUBMITTED: _____

ADDRESS _____

street city state zip code

TELEPHONE NUMBER(S) ____ _____ / ___ _____ _
home cell

REASON FOR REQUEST: _____

SIGNATURE _____

FOR OFFICE USE ONLY:

DATE OF REQUEST _____ REQUEST TAKEN BY _____DATE CERTIFICATE MAILED _____ _

[ ] COPY OF BIRTH CERTIFICATE ATTACHED [ ] COPY OF ID ATTACHED

1. Complete the above request form
2. A copy of the Birth Certificate for the Baptized must be submitted with form
3. For adults requesting a certificate for their child, an official proof of the adult's identity must accompany the form ie. valid Driver License, Passport, etc.
4. For adults requesting a certificate for themselves, an official proof of their identify must accompany the form ie. valid Driver License, Passport, etc.
5. A self-addressed, stamped envelope must be submitted with form; certificates may not be picked-up at rectory.

MAIL COMPLETED FORM, COPIES OF ALL NECESSARY DOCUMENTS AND SELF-ADDRESSED, STAMPED ENVELOPE TO:

TRANSFIGURATION R. C. CHURCH
64-14 CLINTON AVENUE
MASPETH, NY 11378-2418