

BAPTISM CERTIFICATE REQUEST

Name:

Date of Birth:

Infant Baptism: YES NO

Date of Baptism:

Father's Name:

Mother's Name:

Mother's Maiden Name:

Parish Where Baptized:

Why Needed:

Where to send certificate:

Name:

Address:

City/State/Zip:

Phone Number:

Fax Number:

Note: Due to Regulations in the US Federal Privacy Act this Baptism Certificate is only available to the Parent, Legal Guardian or Adult of Legal Age of the Baptism Certificate.