



Today's date: _____

Request for Baptismal Certificate

**Please print clearly.*

Child's Name _____
"LEGAL" Last Name First Middle

Mother's Name _____
Last Name First Middle Maiden

Father's Name _____
Last Name First Middle

Date of Baptism _____

Date of Birth _____

Mailing Address _____

Phone #'s _____

E-Mail _____

Only Parents or Legal Guardian of the child can request a Baptismal Certificate. **Photo ID is required** to receive the Baptismal Certificate.

***Please return form via fax, email, US mail or turn in to the front office.**

**Please allow 5 business days to process your request.*

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