

BAPTISM CERTIFICATE REQUEST FORM Date: ____/____/____

Full Name of person baptized: _____

Date of Birth (MM/DD/YYYY): ____/____/____

Mother's full maiden name: _____

Father's full name: _____

Church of Baptism: St. Dominic's St. Edward's St. Benedict the Moor
(Please check ✓ one)

Date of Baptism: ____/____/____
(if known)

Name of priest: _____
(if known)

Person and address for mailing certificate:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____-_____-____ Fax: (____) _____-_____-____

For office use only:

Mailed: ____/____/____

Faxed: ____/____/____