



APPLICATION FOR A CERTIFICATE OF BAPTISM

DATE (D/M/Y): _____

Name of Baptized Person: _____

Date of Birth (D/M/Y): _____ Date of Baptism (D/M/Y): _____

Place of Birth: _____ Place of Baptism: _____

Father's Name: _____ Mother's Maiden name: _____

Reason for Certificate: _____

Requested by: _____ Relation: _____

Mail to: _____ Phone #: _____

Confirmed? Where: _____

When: _____

Issued _____

Referred _____

Not Found _____

* When the application is made by a third party (see reverse)

Application made on behalf of a living person by a third party

Current name of the baptized person: _____

Address: _____

Phone: _____ Fax: _____

Name of Applicant: _____ Relation to third party: _____

Permission given for a baptism certificate to be released to the applicant:

Signature of Baptized Person

Date (D/M/Y)