

**St. Mary's Cathedral  
of the Immaculate Conception**

**Baptismal Certificate Request Form**

Print clearly, please

Name at time of Baptism: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's First and Maiden Name: \_\_\_\_\_

Person Requesting Certificate: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address where certificate is to be mailed:

Name: \_\_\_\_\_

Name of Church (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Today's Date: \_\_\_\_\_

*Please allow 2 weeks for processing once the form is submitted to:*

St. Mary's Cathedral  
1716 NW Davis St.  
Portland, OR 97209  
Phone: 503.228.4397  
Fax: 503.242.2568