

Certificate of Baptism Request

Date: _____

Name of person requesting certificate:

Address: _____

City/State: _____

Relationship to the baptized:

Home: () _____ - _____

Cell: () _____ - _____

Work: () _____ - _____

Name of person who was baptized:

Date of Birth: _____

City/State: _____

Baptism date: _____

Parent(s):

Father: _____

Mother: _____

Sponsors: _____

Reason for request: _____

Send this request, along with a photocopy of *your* Picture ID to:

Parish Secretary
St. Alphonsus
1429 W. Wellington
Chicago, IL 60657