

# ***Baptismal Certificate Request***

## ***St Gabriel the Archangel Church***

In order to protect the confidentiality of these records, certificates are only issued to the individual named on the certificate, or the parent or guardian of a minor child.

Please Print Clearly \_\_\_\_\_

Full name at time of baptism \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Mother's Full Name (Maiden Name) \_\_\_\_\_

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

Approx. Date of Baptism (within two years) \_\_\_\_\_

Baptized as  infant  child  adult

Person requesting certificate \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

***I have read the above information, and certify that I am requesting my own certificate, or that of my minor child.***

Signature \_\_\_\_\_ Date \_\_\_\_\_

Reason for Request:  sacramental  annulment  civil purpose

To be valid, certificates must be mailed to you or picked up by you; they cannot be emailed or faxed.

Please mail a hard copy of this completed form to:

**St. Gabriel the Archangel Church**

**4700 Pineda Street.**

**New Orleans, LA 70126**

*Or Fax copy to :( 504) 288-8585*

*Or Email a hard copy to: [stgabriel@bellsouth.net](mailto:stgabriel@bellsouth.net)*

Please allow 2-3 weeks

***For Office Use***

Date Rec: \_\_\_\_\_ Date sent: \_\_\_\_\_