## **BAPTISMAL CERTIFICATE REQUEST**

Full Name at the time of Baptis	sm		
Date of Birth	City of Birth		
Father's Full Name			
	en Name		
Approximate Date of Baptism			
**********	***********	********	
Name of person requesting cer	tificate		
Street Address			
City	State	Zip Code	
Phone Number			
If certificate is to be sent to a P	arish:		
Name of Parish	Attn:		
Street Address			
City	State	Zip Code	
*********	************	********	
parent of the child, or the perso NO certificates are issued for ge	of the individuals involved, certing to whom the record is referring to allogical purposes. It is my own, and certify that this is my own, and certify that this is my own,	ıg.	
Signed:	Date	Date:	
Would you like a copy of the certificat	te submitted to St. Anastasia's Religiou	s Education Office? Yes No	
Office use only: rec'd	mailed		