

BAPTISMAL CERTIFICATE REQUEST

Please print clearly. Fill out as much of the following information as possible.

Child's Name at the time of Baptism: _____

Parish of Baptism: _____

City in which Parish was located: _____

Father's Full Name: _____

Mother's Maiden Name: _____

Date of Birth: _____ City of Birth: _____ Date of Baptism: _____

Name of Priest/Deacon who officiated: _____

Godfather: _____ Godmother: _____

Has child ever received the following?

First Holy Communion: _____

Church	City/State	Date
--------	------------	------

Confirmation: _____

Church	City/State	Date
--------	------------	------

Marriage: _____

Church	City/State	Date
--------	------------	------

Name of Person requesting certificate: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Work Phone Number: _____

In order to protect the privacy of the individuals involved, certificates are only issued to the parent of the child, or to the person to whom the record is referring.

NO certificates are issued for genealogical purposes. All records that are open to research are available at the Burton Historical Collection at the main branch of the Detroit Public Library.

I have read the above information, and certify that this is my own or my child's certificate.

Signature _____ Date _____

Please return with a stamped, self-addressed envelope. Thank You.

ARCHIVES
ATTN: Charlene
National Shrine of the Little Flower Parish
2100 W. 12 Mile Road, Royal Oak, Michigan 48073-3910
Phone: (248) 541-4122 Fax (248)541-2838