



St. Dominic Catholic Church

BAPTISM CERTIFICATE REQUEST FORM

Today's Date:

Full name of person baptized:

Date of Birth: (MM/DD/YYYY): ____/____/____

Mother's full maiden name:

Father's full name:

Date of Baptism: (MM/DD/YYYY): ____/____/____
(if known)

Person and address who will receive the certificate:

Name:

Address:

State:

Zip Code:

Phone number: (____) _____ - _____

Fax number: (____) _____ - _____

For office use only:

Mailed: ____/____/____ Faxed: ____/____/____

Please allow 5-10 days for request to be processed.