

REQUEST FOR CERTIFICATE OF BAPTISM

Person's Full Name: _____

Person's Date of Birth: _____

Father's Full Name: _____

Mother's Full Name: _____

Mother's Maiden Name: _____

Name of Person Requesting Information: _____

Address: _____

Phone Number: _____

Church requesting information: _____

Church Address: _____

Date Needed: _____

Reason Needed: _____

Please send this form to us by e-mail at stjosephbcm@att.net; mail at 1005 Third Street, Bay City MI 48708; place in the collection basket at weekend Mass; or bring it to the Rectory Office.