



Date: _____

BAPTISM CERTIFICATE
ST. CHRISTOPHER CATHOLIC CHURCH
Request Form

Name//Nombre: _____

Date of Birth//Fecha de Nacimiento: _____

Bap. Date//Dia de Bautismo: _____

Place of birth//Lugar de Nacimiento: _____

Parent's Name//Nombre de los padres: _____

Godparent's name//Nombre de los padrinos: _____

Rev.//Sacerdote: _____

Tel. # _____

Cell#: _____

OFFICE USE ONLY

It was found on: _____

By: _____

It was pick up by: _____

Signature: _____