

# Our Lady of the Lakes Catholic Community

## Request for Baptismal Certificate

\_\_\_\_\_ St. Januarius --- St. Michael's --- St. Patrick's --- St. Theresa's  
Date of Request Church of Baptism (circle one)

\_\_\_\_\_ Full Baptismal Name

\_\_\_\_\_ Father's Name

\_\_\_\_\_ Mother's Maiden Name

\_\_\_\_\_ Place of Birth

\_\_\_\_\_ Date of Birth

\_\_\_\_\_ Baptismal Date (if known)

\_\_\_\_\_ Priest or Deacon

\_\_\_\_\_ Baptismal Sponsor

\_\_\_\_\_ Baptismal Sponsor

\_\_\_\_\_ Family Address

\_\_\_\_\_ City

\_\_\_\_\_ Zip

\_\_\_\_\_ Family Phone Number

\_\_\_\_\_ Family Phone Email

\_\_\_\_\_ Date Certificate Needed

\_\_\_\_\_ Reason

\_\_\_\_\_ Special instructions

\*\*\* When the request is received at office, please allow one week to process. Thank you.