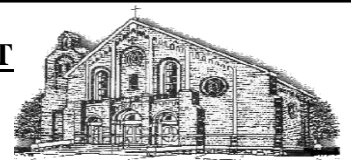




Transfiguration RC Church

BAPTISMAL CERTIFICATE REQUEST
FORM



St. Stanislaus Kostka Church

**NAME OF
BAPTIZED:** _____

first middle (maiden) last

(Copy OF BIRTH CERTIFICATE TO BE ATTACHED TO THIS FORM)

NAME OF PERSON MAKING REQUEST: _____

RELATIONSHIP TO BAPTIZED: _____

CHURCH OF BAPTISM: Transfiguration St. Stanislaus Kostka

CHURCH OF CONFIRMATION: _____

FORM OF IDENTIFICATION SUBMITTED: _____

ADDRESS _____

street city state zip code

TELEPHONE NUMBER(S) _____ / _____
home cell

REASON FOR REQUEST: _____

SIGNATURE _____

FOR OFFICE USE ONLY:

DATE OF REQUEST _____ REQUEST TAKEN BY _____ DATE CERTIFICATE MAILED _____

[] COPY OF BIRTH CERTIFICATE ATTACHED [] COPY OF ID ATTACHED

Complete the above request form, print, sign and mail to church of Baptism

1. A copy of the Birth Certificate for the Baptized must be submitted with form
2. For adults requesting a certificate for their child, an official proof of the adult's identity must accompany the form ie. valid Driver License, Passport, etc.
3. For adults requesting a certificate for themselves, an official proof of their identify must accompany the form ie. valid Driver License, Passport, etc.
4. A self-addressed, stamped envelope must be submitted with form; certificates may not be picked-up at rectory.

MAIL COMPLETED FORM, COPIES OF ALL NECESSARY DOCUMENTS AND SELF-ADDRESSED, STAMPED ENVELOPE TO CHURCH OF BAPTISM:

TRANSFIGURATION R. C. CHURCH or ST. STANISLAUS KOSTKA
57-15 61ST STREET
MASPETH, NY 11378-2185

Or scan the required information and email to: Transfiguration@Catholicweb.com

*A suggested donation of \$5 is appreciated.
Make check payable to respective church*