Saint Martha Catholic Church

BAPTISM CERTIFICATE REQUEST FORM

Fill in all information on this request form and mail it to your Church of Baptism.

Church of Baptism: _____

Mailing Address: _____

_____

City/State/Zip: _____

Date of Baptism: _____

Name of Person on Baptismal Certificate:

_____
First Name Middle Name Last Name

_____ _____
Date of Birth Place of Birth (City & State)

_____ _____
Father's Full Name Mother's Full Name (include Maiden Name)

Dear Father,

I am planning to be married on _____, 20___ at St. Martha Catholic Church, 200 N. Orange Ave., Sarasota, FL 34236.

Please send me an official copy of my Baptismal Certificate with notations. Thank you for your assistance in this matter.

Sincerely,

_____
Signature of Requestor

_____ _____
Mailing Address City/State/Zip

(_____)_____ (_____)_____
Home Phone Work Phone