



ST. JOSEPH CATHOLIC CHURCH VANCOUVER, WASHINGTON

**REQUEST FOR
CURRENT BAPTISMAL RECORD**

(From Catholic churches other than St. Joseph)

ATTN:

Church: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____

Please mail record to: St. Joseph Church, Attn: Sacramental Records, 6600 Highland Dr., Vancouver, WA 98661

Date of Request: _____

Date needed by: _____

Type of certificate: Baptism Profession of Faith *(please add the notations)*

Note to church of baptism: Please indicate ALL notations.

Reason for request: First Communion Confirmation Marriage Other: _____

Full Name: _____
(First) (Middle) (Last) (Maiden)

Name changes (if any): _____

Date of Birth: _____ Place of Birth: _____

Date of Baptism: _____ Priest: _____

Parents: _____

Mother's Maiden Name: _____

Sponsors/Godparents: _____

Requestor's Name (Please print)

Phone: _____

Relationship: Self Parent/Guardian of minor child

Alt. Ph: _____

Email: _____

Requestor's Signature

Date