



CATHEDRAL OF SAINT PAUL NATIONAL SHRINE OF THE APOSTLE PAUL



BAPTISMAL CERTIFICATE REQUEST

Requests are processed in the order received. The normal processing time is two weeks.

Full name of the baptized person: _____

Date of birth: _____

Date of baptism (if known): _____

Name of person requesting the certificate: _____

Relationship to the baptized person: _____

Telephone number: _____

Reason for request: _____

AUTHORIZATION TO RELEASE INFORMATION

I authorize the Cathedral of Saint Paul to release a copy of my baptismal certificate to:

Church: _____

Address: _____

City & State: _____

Contact person: _____

I will pick up my baptismal certificate and provide identification.

Signature: _____

Date of request: _____