



*Request for Baptismal Certificate*

*St. Augustine*     *St. Mary*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's Name

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

\_\_\_\_\_  
Mother's Name (including maiden name)

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

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

\_\_\_\_\_  
Date of Baptism  
(year only is ok if  
you don't know date)

\_\_\_\_\_  
Date Form is Needed  
(Please do not use ASAP)

\_\_\_\_\_  
Your mailing address (street address)

\_\_\_\_\_  
Your City/State/Zip Code

\_\_\_\_\_  
Your Phone Number

\_\_\_\_\_  
Signature

Please mail to  
St. Augustine & St. Mary Catholic Parish  
P.O. Box 1319  
Oak Harbor, WA 98277

Phone: (360) 675-2303