

Parroisse St. Jean Baptiste Parish

10020-100 Ave.

Morinville, AB T8R 1P7

Tél: (780) 939-4412 Fax: (780) 939-2016
Email: office@sjbp.ca

DATE: _____

APPLICATION FOR A CERTIFICATE OF BAPTISM

Name of Baptized Person: _____

Date of Birth: _____ Date of Baptism: _____

Place of Birth: _____ Place of Baptism: _____

Father's Name: _____ Mother's Name: _____

Reason for Certificate: _____

Requested By: _____ Relation: _____

Mail To: _____ Phone #: _____

Signature

APPLICATION MADE ON BEHALF OF A LIVING THIRD PARTY

Current Name of Baptized Person: _____

Address: _____

Phone #: _____ Fax #: _____

Has permission been given for a baptism certificate to be released to the applicant? Yes No

Signature of Third Party

APPLICATION MADE ON BEHALF OF A DECEASED THIRD PARTY

Name of Late Baptized Person: _____

Has a *death certificate* been provided? Yes No

Signature

Note: Should *permission* or *death certificate* fail to be provided, the application can be denied. If certificate is made for a future marriage, it should be mailed directly to the Parish.