

BAPTISMAL CERTIFICATE REQUEST FORM

All baptismal requests will require the signing of a release form (copy attached) before the baptismal certificate will be released. If the certificate is to be mailed, release needs to be mailed first and returned before signed copy of baptismal certificate is sent.

BAPTISMAL CERTIFICATES CAN ONLY BE PREPARED FOR PEOPLE BAPTIZED AT HOLY ANGELS OR HOLY NAME OF JESUS CHURCH.

Date: _____ Date Needed: _____

Name of person requesting certificate: _____

Relationship: _____

Telephone number: _____

Reason for request: _____

Baptized at: Holy Name Church _____ Holy Angels Church _____

Full name of baptized person: _____

Date of Birth: _____

Date of Baptism (If known): _____

If certificate must be mailed: Attention to: _____

Church Address: _____

Special note: If a parish or diocese requests the certificate, a release form does not need to be completed.

Holy Spirit Parish

Holy Sprit Parish Office
620 E. Kimberly Avenue
Kimberly, WI 54136

Phone: 920-788-7640
FAX: 920-788-7658
Email: hspkim@holyspirit-parish.org

AUTHORIZATION TO RELEASE INFORMATION

I, the undersigned, hereby authorize Holy Spirit Parish to release to _____

A copy of my _____ from the records of the parish of _____

I agree to indemnify and hold harmless Holy Spirit Parish, its Pastor, the parish concerned, and all other persons connected with them from any liability for releasing this information according to my request.

(Name)

(Signature)

(ID-Driver's License or Social Security Number)

(Address)

(Phone)

(Date)

(Witness)