

**Parroise 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 #: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- Issued \_\_\_\_\_
- Referred \_\_\_\_\_
- Not Found \_\_\_\_\_

\_\_\_\_\_  
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.