Authentication of Baptismal Certificate

*Please Print

Name of Parent(s)_____

Father_____

Mother (including Maiden Name)_____

Name of Child_____
First Middle Last

Date of Birth_____

City, State, Country of Birth_____

Church of Baptism_____

Address_____

City, State, Country_____

Date of Baptism_____

Name of Godparents

Male _____

Female_____

Officiator_____

**If Baptized at Sts. Simon and Jude **

***I verify the following information is correct and is an accurate representative of the information found on the Student's Baptismal Certificate**.*

*Staff Signature*_____ *Day/Month/Year*_____

If not Baptized at Sts. Simon and Jude, Please bring your child's Baptismal Certificate with this form