

St. Stanislaus Catholic Church

398 Superior Street
St. Paul, MN 55102
651-292-0303
Fax: 651-292-1098

**Certificate of Baptism
Request Form**

*Archdiocese Requirement * Written Request Only*

Childs Name: _____

Date of Birth _____ Date of Baptism: _____

Parents: Mother _____ Father _____

Parent signature: _____ *

Please Print: _____

Mail to: _____

Fax to: _____

Phone:_() _____ Cell Phone:_() _____