



Roman Catholic Episcopal Corporation of St. John's
ARCHIVES AND RESEARCH
BAPTISMAL REQUEST FORM

Request Date: _____

Name of Parish In Which Baptism Was Performed:	
Name at Time of Baptism	
Last Name:	Given Names:
Date of Birth:	Approximate Date of Baptism:
Name of Father:	
Name of Mother:	

Name of Person Making the Request:	
Relationship to the Recipient of Sacrament:	
Address:	
City, Province, Postal Code:	
Daytime Telephone Number:	Signature of Person Making Request

Briefly State the Purpose of Obtaining this Record:
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Send To:
Address:
City, Province, Postal Code:
Attention:

Fee of \$10.00 per Search Must Accompany This Form

Fee Paid: (Receipt #)	Date Received:	Researcher:
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Tel. 709-726-3660 Fax. 709-726-8021 200 Military Rd, P.O. Box 1363 St. John's, NL, A1C 5N5

www.rcsj.org

Vox Clamantis in Deserto
"A Voice Crying in the Wilderness"