



**BAPTISMAL CERTIFICATE REQUEST FORM**

Please note that this Baptismal request form only applies to individuals baptized at St. Ignatius Loyola Parish (Chishawasha Mission) or supported centres.

**\* Indicates mandatory information needed in order to assist you.**

* Name of Baptized Person	* Date/Year Baptized	* Father's Name	* Mother's Maiden Name

**SEND CERTIFICATE TO:**

\* Please select one send method below.

Mail	Fax	Email	Pickup
		<b>X</b>	
		contact@gmail.com	

* Name of Requestor	* Requestor Email	* Mailing Address:
		Street/P.O Box:
		City:
		Country:

**Comment:**

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