



OFFICE OF FAITH FORMATION  
HOLY ROSARY CATHOLIC CHURCH

**REQUEST FOR BAPTISM CERTIFICATE**

*Per Archdiocesan Policy, Adults 18 years and older must request and obtain their own Baptismal Certificate.  
Please send a copy of legal photo identification with this request. Please allow 3 weeks to process your request.*

**Date:** \_\_\_\_\_

Name of Person Requesting Certificate: \_\_\_\_\_

E-mail

Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please choose:  Mail Certificate       Pick Up from Parish Office

**BAPTISM CERTIFICATE INFORMATION**

Full Legal Name: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Fathers Legal Name: \_\_\_\_\_

Mothers Legal Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Sponsors' Full Name: \_\_\_\_\_

Address at time of Baptism: \_\_\_\_\_

*You may submit this form to the parish office, fax it to 713-522-3967,*

*e-mail it to [kbrown@holyrosaryparish.org](mailto:kbrown@holyrosaryparish.org), or mail this completed form to:*

*Holy Rosary Catholic Church  
3617 Milam St.  
Houston, TX 77002  
ATTN: Office of Faith Formation*

**FOR OFFICE USE ONLY:**

VOL. \_\_\_\_\_ PAGE: \_\_\_\_\_ NUMBER: \_\_\_\_\_

CERTIFICATE PREPARED BY: \_\_\_\_\_ DATE: \_\_\_\_\_