# Certificate of Baptism

This is to Certify

That _____

Child of _____

and _____

born in _____ (CITY) _____ (STATE)

on the _____ day of _____

was **Baptized**

on the _____ day of _____

According to the Rite of the Roman Catholic Church

by the Rev. _____

the Sponsors being { _____ / _____ }

as appears from the Baptismal Register of this Church.

Dated _____

_____ Pastor

KAUFER'S RELIGIOUS SUPPLIES · SAN FRANCISCO

**NOTATIONS**

| | |
|---|---|
| FIRST COMMUNION | Date..... |
| | Church..... |
| | Place..... |
| CONFIRMATION | Date..... |
| | Church..... |
| | Place..... |
| MARRIAGE (S) | To..... |
| | Date..... |
| | Church..... |
| | Place..... |
| DIACONATE | Date..... |
| | Church..... |
| | Place..... |
| RELIGIOUS PROFESSION | Date..... |
| | Church..... |
| | Place..... |

* Please contact Church of Baptism for this Certificate of Baptism *

Form can be sent/faxed/emailed to:

St. Rita Church
100 Marinda Dr.
Fairfax, CA 94930

saintritafairfax@att.net
Fax: (415) 456-3677