



# THE ROMAN CATHOLIC DIOCESE OF CHALAN KANOA

P.O. BOX 500745, CHALAN KANOA, SAIPAN, CNMI, MP 96950

Tel.: 1670.234.3000 | Fax: 1670.235.3002 | [www.rcdck.org](http://www.rcdck.org)

## REQUEST FOR BAPTISMAL CERTIFICATE

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

Name of the Baptized Person: \_\_\_\_\_

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

Church where Baptism was celebrated: \_\_\_\_\_

Purpose: \_\_\_\_\_

Person making the request: \_\_\_\_\_

Contact number of the person making the request: \_\_\_\_\_

Date of pick-up: \_\_\_\_\_

-----  
*(Admin Use Only)*

Payment received: \_\_\_\_\_ Receipt No.: \_\_\_\_\_

Received by: \_\_\_\_\_ Check No.: \_\_\_\_\_

Note: \_\_\_\_\_