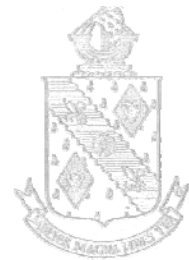


Church of St. Monica
413 East 79th Street
New York, NY 10075



Certificate Request Form

PLEASE PRINT ALL REQUESTED INFORMATION

Name _____		DATE _____
(LAST NAME)	(FIRST NAME)	
Address _____		
(STREET)	(CITY)	(STATE) (ZIP)
Telephone (_____) _____		
Requesting		
<input type="checkbox"/> Baptism	<input type="checkbox"/> Confirmation	<input type="checkbox"/> Marriage <input type="checkbox"/> Other
Relationship of Requestor _____		
(LAST NAME)	(FIRST NAME)	
Name of Person _____		
(LAST NAME)	(FIRST NAME)	
Name of Parents		
Father _____		
(LAST NAME)	(FIRST NAME)	
Mother _____		
(LAST NAME)	(FIRST NAME)	
Place of Birth _____		DATE _____
(CITY)	(STATE)	
Place of Ceremony _____		DATE _____
(CITY)	(STATE)	
Names of Sponsor / Witness [If Possible]		

(LAST NAME)	(FIRST NAME)	

(LAST NAME)	(FIRST NAME)	
Additional Information / Notes		

