

Verification of Baptism

* Please print **all** the following information clearly *

Date: _____
(mm/dd/yy)

Parent(s)/Legal Guardian(s) Name:

(Last, First, Middle)

(Last, First, Middle)

Child's Name: _____
(Last, First, Middle)

Child's Date of Birth: _____
(mm/dd/yy)

Child's Date of Baptism: _____
(mm/dd/yy)

Church of Baptism: _____

Church Address: _____

Church Phone: (-) _____

Church Fax: (-) _____



If Baptized at Seven Sorrows Church, please leave blank!

My child was baptized at Seven Sorrows. No copy needed; certificate on file.

My child was **not** baptized at Seven Sorrows, so I have attached a copy (**not an original**) of my child's Baptismal Certificate.

Please note: the Baptismal Certificate is **not** the Birth Certificate from the hospital! If you do not have a copy of the Baptismal Certificate, this is easily obtained by calling the church where your child was baptized and have them send a copy to:

Seven Sorrows of the
Blessed Virgin Mary Church
280 N. Race Street Middletown, PA 17057
Phone: 717-944-3133 Fax: 717-944-1170