



## REQUEST FOR REPLACEMENT BAPTISMAL CERTIFICATE

The following form needs to be completed in its entirety in order to apply for your Replacement Baptismal Certificate.

<b>Applicant's Surname (Last Name):</b>		<b>Applicant's Maiden Name (If Applicable):</b>	
<b>Applicant's Christian Name (First Name):</b>		<b>Applicant's Middle Name(s) (If Applicable):</b>	
<b>Applicant's Date of Birth:</b>		<b>Applicant's Place of Birth (Parish):</b>	
<b>Applicant's Cellular No.:</b>	<b>Applicant's E-Mail Address:</b>		
<b>Mother's First Name and Maiden Name:</b>		<b>Mother's Date of Birth:</b>	
<b>Mother's Place of Birth (Parish):</b>	<b>Applicant's Return Address:</b>		
<b>Fee US\$4.50. (EC\$10.00 fee and EC\$2.10 for regular return postage. Make <i>International Postal Order</i> payable to: <i>Roman Catholic Church</i>).</b>			

**FORWARD REQUEST AND FEE TO:**

**ROMAN CATHOLIC CHURCH**

Diocesan Secretariat

Church Street

St. George's

GRENADA, W. I.

**Tel.:** (473) 440-2542

**Email:** [stgdioceseseccretariat@gmail.com](mailto:stgdioceseseccretariat@gmail.com)