

Date: _____

Request for a Certificate

Baptism *Communion* *Confirmation*

Name: _____

Date of birth: _____

Father's Name: _____

Mother's Name: _____
[maiden name]

Telephone #: _____

Mail to: _____

Will pick up on: _____

Please complete this form and return it with a \$5 donation and a self-addressed stamped envelope to:
St. Thomas the Apostle Church
Attn: Grace
87-19 88th Avenue
Woodhaven, NY 11421