

**St. Anthony of Padua Catholic Church**  
3305 Glen Carlyn Road ▪ Falls Church, VA 22041  
Office Phone: 703-820-7111 Fax: 703-379-9195  
Email: [cetificate@stanthonyparish.org](mailto:cetificate@stanthonyparish.org)

## Baptism Certificate Request Form

**Baptism Registration – please print**      **Are you a registered parishioner of St. Anthony? Y / N # \_\_\_\_\_**

**Baptismal Date:** \_\_\_\_\_

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Child's Name:                      First                      Middle                      Last

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Child's Date of Birth              Child's Age                      Child's Place of Birth (City or County and State)

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Father's Name (First, Middle, Last)                      Telephone Number

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Mother's Maiden Name (First and Last)                      Telephone Number

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Street Address                      City                      State                      Zip

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Godfather                      \_\_\_\_\_

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Godmother                      \_\_\_\_\_

### Person requesting Baptismal Certificate:

Name: \_\_\_\_\_

Relationship to baptized person: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email: \_\_\_\_\_

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

*Please allow 7-10 working days for your request to be processed.*