

**St. Lucy Parish
Baptismal Certificate Request Form**

Name at time of Baptism: _____

Date of Baptism: _____

Date of Birth: _____

Father's Name: _____

Mother's First and Maiden Name: _____

Person Requesting Certificate: _____

Daytime Phone Number: _____

Email: _____

Address where certificate is to be mailed:

Address: _____

City: _____

State: _____

Zip: _____

Today's Date: _____

Please allow 2 weeks for processing once the form is submitted to:

St. Lucy Parish
2350 Winchester Blvd
Campbell, CA 95008
Fax: 408-378-5548