

Church of *St. Pius X*



91 Secor Rd. • Scarsdale N.Y. 10583 • phone: (914) 725-2755 • fax: (914 ) 725-2782

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last Name First Name

Address \_\_\_\_\_  
Street City State Zip Code

Requesting  Baptism  Confirmation  Marriage  Others \_\_\_\_\_

Relationship of Requestor \_\_\_\_\_

Name of Person \_\_\_\_\_  
Last Name First Name

**Name of Parents**

Father \_\_\_\_\_  
Last Name First Name

Mother \_\_\_\_\_  
Last Name First Name

Place of Birth \_\_\_\_\_  
City State Date \_\_\_\_\_

Place of Ceremony \_\_\_\_\_  
City State Date \_\_\_\_\_

**Name of Sponsors/Witnesses [if possible]**

\_\_\_\_\_ Last Name First Name

\_\_\_\_\_ Last Name First Name

**ADDITIONAL NOTES**