

St. Andrew Confirmation Candidate Baptismal Information Form

Student Last Name: _____ First _____ MI _____

Address: _____ City _____ Zip _____

School Attending: _____ Current Grade: _____

Birthdate: m/d/year _____/_____/_____ Year of Baptism: _____ St. Andrew the Apostle, Saline Y N

Church of Baptism: _____ City: _____ State _____ Zip _____

If not St. Andrew

In order to validate your sacramental record, we need a copy of your Baptismal Certificate.

If you were baptized at St. Andrew we have a copy on file. Please complete this form still.

If you were baptized elsewhere, follow the steps below to obtain your child's certificate of baptism:

1. Contact the place of Baptism and request a copy of the certificate.

- Ask them to verify that the Sacrament of Communion has been recorded.
- If recorded, have them send a copy with **a stamp or seal dated after July 31, 2025** to the address below:

St. Andrew Catholic Church
910 Austin Drive
Saline, Michigan 48176
Attn: Monica Hubbard

- If not, contact the place of First Communion and request the records be sent to the church of Baptism. Then have the church of Baptism send the record to St. Andrew once it has been updated.

Mother's Full Name: _____ Phone : _____

Mother's Maiden Name: _____ Email: _____

Father's Full Name _____ Phone: _____

Father's Email: _____

Are you a registered member of St. Andrew the Apostle Catholic Church in Saline, Michigan? Yes No

Name of Parish you are registered at:

_____ City _____ State _____ Zip _____

Parent/Guardian Signature _____ Date _____