

## Holy Family Catholic Church 9669 KRAFT AVE. Sample CALEDONIA, MI 49316

## → This is to Certifu «

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ThatAbigail Elizabe	eth Taylor	
Child of Patrick Brian	n Taylor	
andNoelle Kath	erine West	1
harn inYour Town o	f Birth, State	
on the XX date day of _	XX month	, XX year
luas	Baptized	
on the XX dathay of _	XX month	, XX year
		an Catholic Church
by the Rev. Pastor's N	lame	
the Sponsors being	Name of Godparent 1	
	Name	of Godparent 2
as appears from the B	aptismal Register	of this Church.

XX/XX/XXXX Current date

Signature of Current Pastor

Nastor



## Motations cample

Sallie		
FIRST COMMUNION {	Date	First Eucharist - Notation not required
	Church _	Name of Parish
	Place	City and State
CONFIRMATION	Date	XX/XX/XXXX Date
	Church _	Name of Parish
	Place	City and State
MARRIAGE(S)	To Date Church Place	Name of Spouse  XX/XX/XXXX Date  Name of Parish  City and State
DIACONATE	Ÿ	XX/XX/XXXX Date  Name of Parish
	Place	City and State
RELIGIOUS PROFESSION	Church _	XX/XX/XXXX Date  Name of Parish  City and State
2.5		