



Date Desired: _____ Date of this Request: _____

Person Making this Request: _____

Address: _____

Phone: _____ Email: _____

Mother's Full Name: _____

Father's Full Name: _____

Full Name of Infant/Child 1: _____

Date of Birth: _____

Place of Birth (Hospital): _____

City/State of Birth: _____

Full Name of Infant/Child 2: _____

Date of Birth: _____

Place of Birth (Hospital): _____

City/State of Birth: _____

Please submit request to Matt Marco, mmarco@wpcbuffalo.org.

Upon approval:

Rev. Tom Yorty

Rev. Katelyn Nutter Dowling

Jamie Adamczyk

Sawrie Becker

Lenore Neiler