

BAPTISM APPLICATION FORM

Please Print

For Office Use Only:

D_____ Birth_____

Cls_____ Rcd_____

Name of Child: _____
(family) (first) (middle)

Date of Birth: _____ City of Birth: _____
(month/day/year)

Home Address : _____

E-Mail and Phone Number: _____

PARENTS

Father's Name: _____
(family) (first) (middle)

Religion/Denomination: _____

Marital Status: _____ Married in the Church? _____

Mother's Maiden Name: _____
(family) (first) (middle)

Religion/Denomination: _____

GODPARENTS

Godfather's Name: _____
(family) (first) (middle)

Church/Parish Affiliation *: _____

Godmother's Name: _____
(family) (first) (middle)

Church/Parish Affiliation *: _____

** At least one godparent must be a baptized, confirmed, practicing Catholic.*

How would you like to receive your child's baptismal certificate? MAIL PICK-UP

FOR OFFICE USE ONLY:

Baptismal Class Location _____ Presented by: _____

Schedule Date/Time for Baptism _____

Name of Priest/Deacon: _____

Signature of completed Baptism _____

Priest or Deacon:

After Sacrament of Baptism takes place, please return form to the parish office for recording.

Thanks!