

# 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

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### 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!*