

BAPTISM REQUEST FORM

Date of Application _____

CHILD

Last Name _____

First Name _____

Middle Name _____

Date of Birth (d/m/y): _____

City of Birth: _____

FAMILY INFORMATION

Mailing Address : _____ City: _____

Postal Code : _____ Phone #: _____

Cell #: _____ Email: _____

FATHER

MOTHER

Last Name : _____ Last Name at Birth: _____

First Name (s) : _____ First Name (s): _____

Religion _____ Religion: _____

Date of Marriage: _____ (civil) ___ (church) ___

Church of Marriage: _____

GODPARENTS

Name1: _____ Name 2: _____

A maximum of two sponsors' names will be recorded in the baptismal record.
The names recorded in the baptismal record must be practicing Catholics.

PASTORAL NOTES

Requested Date for Baptism Class _____

Requested Date for Baptism _____

Notes

Preparation course required YES NO

Attended? YES NO