

BAPTISM REQUEST FORM

Date of Application _____

Date requested for Baptism _____

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