

Baptism Request Form

NAME OF CHILD: _____

Residence: _____

Telephone #: _____

Date of Birth: _____

Place of Birth: _____

Date of Baptism: _____

FATHER'S NAME: _____

Religion of Father: _____

MOTHER'S MAIDEN NAME: _____

Religion of Mother: _____

Are Parents Married: _____ by a Catholic Priest / Deacon / Other (*circle one*)

GODFATHER: _____

Is Godfather a Catholic? _____

GODMOTHER: _____

Is Godmother a Catholic? _____

Is either Godparent represented by Proxy? _____

Name of Proxy: _____

Was the child privately baptized? _____

Was the child adopted? _____

ARE YOU A REGISTERED PARISHIONER HERE? _____

IF NOT, WOULD YOU LIKE TO BE? _____

NAME OF PRIEST / DEACON: _____