



REQUEST FOR THE SACRAMENT OF BAPTISM FOR A CHILD

Child's Full Legal Name: (as it appears on birth certificate) _____

Birth Date: _____ City / State of birth: _____

Gender: M F Is child adopted? No Yes Was child baptized in the hospital or in another church? No Yes

♦Please provide a copy of the child's birth certificate.♦

Requested Baptism Date: _____

Mother's Full Legal Name: (include maiden name) _____

Religion: _____

Sacraments Received: Baptism Reconciliation Eucharist Confirmation Matrimony

Father's Full Legal Name: _____

Religion: _____

Sacraments Received: Baptism Reconciliation Eucharist Confirmation Matrimony

Child's Address: _____

Phone: _____ E-mail: _____

Are parents registered at Holy Name? Yes No If "no," what is your parish and why do you want your child baptized here? _____

Do parents attend Mass regularly? Mother: Yes No Father: Yes No

Are the child's parents married? Yes No If "yes," in the Catholic Church? Yes No

Date/Place of Marriage: _____
Date Church/Other Location City State

If not married, is the father designated on the child's birth certificate? Yes No

•If not married in the Catholic Church, are you interested in being married in the church? Yes No

GODPARENT REQUIREMENTS:

- Only one man and one woman may be Godparents; however, only one Godparent is necessary.
- Godparents must be practicing Catholics (i.e., attend Mass weekly) and age 16 or older.
- Godparents must have received the Sacraments of Baptism, Holy Eucharist and Confirmation.
- A Godparent who is married must be married according to guidelines of the Catholic Church.
- A Godparent who is single must not be cohabitating and must be living a life in conformance with Catholic Church teaching.
- Parents and Godparents need to complete a baptismal preparation class within the previous two years. Godparents must complete the Godparent Eligibility form. (See Certification of Viewing Online Course Form)

Godmother's Legal Name and parish? _____

Godfather's Legal Name and parish? _____

Do you have a preference of who administers the sacrament? No Yes

(Name of priest or deacon) _____

For Office use

Presider Name: _____ Date/Time Set for Baptism: _____

Date/location of Baptism Preparation Class for Parents: _____