

REQUEST FOR THE SACRAMENT OF BAPTISM FOR A CHILD

Child's Full Legal N	l ame: (as it aj	ppears on birth certific	cate)			
Birth Date:	(City / State of birth:				
Gender: $M \square F \square$ Is	child adopted	? No □ Yes □ Was	child baptized	in the hospital or in	another church? No	o □ Yes □
Requested Baptism	Date:					
Mother's Full Legal	Name: (inc	lude maiden name) _				
Religion:						
Sacraments Received:	•				•	
Father's Full Legal	Name:					
Religion:						
Sacraments Received:	□ Baptism	☐ Reconciliation	☐ Eucharist	☐ Confirmation	☐ Matrimony	
Child's Address:						
Phone:	E-	mail:				
Are parents registe baptized here?					nd why do you want y	our child
Do parents attend	Mass regula	arly? Mother:	Yes □ No	Father: ☐ Yes ☐ N	No	
Are the child's pare	nts marrie	d? □ Yes □ No I	f "yes," in the C	atholic Church? 🏻	Yes □ No	
Date/Place of Marr	iage:					
					•	State
If not married, is the of the child's birth cert	tificate.)				_	e a copy
•If not married in the		•	ted iii beilig iiia.	rried in the church?	les lino	
GODPARENT REQUOnly one man and of			nowever only o	ne Godnarent is nec	eeccam	
 Godparents must be 					essary.	
Godparents must h						
A Godparent who isA Godparent who is			0 0			lic Church
teaching.				· ·		
 Parents and Godpa must complete the 						Godparents
Godmother's Leg	gal Name ar	nd parish?				
Godfather's Lega		_				
Do you have a prefe	erence of w	ho administers	the sacrame	ent? □ No □ Yes		
(Name of priest or dea						
For Office use	••••••	•••••	•••••	••••••	••••••	••••••
Presider Name:	: Date/Time Set for Baptism:					
Date/location of Baptism P	reparation Clas	s for Parents:				