

Baptism Form

Please fill in all lines or circle appropriate response

Child's Name: _____ Male or Female

Date of Birth: _____ City/State of Birth: _____

Mother's Name (+ Maiden Name): _____ Religion: _____

Father's Name: _____ Religion: _____

(Note: at least one Godparent must be at least 17 years old, confirmed and practicing Catholic)

God Mother's Name: _____ Religion: _____

God Father's Name: _____ Religion: _____

(If a God Parent cannot be present a proxy may be used to stand in their place)

Proxy Name: _____ Standing in for: _____

Proxy Name: _____ Standing in for: _____

Family Address _____

(City) (State) (Zip)

Family phone #: _____

Family Email Address: _____

Date and place of attendance of Baptismal Preparation Class: _____
(Date) (Place)

Date desired for Baptism: _____

(Please circle requests)

Minister requested: Fr. Chris Fr. Tony Deacon Mike Deacon Patrick Deacon Bob

Time: At Mass (Choose One) 5pm Sat 9am Sun 11am Sun

(Please note no Baptisms on Saturday between 4pm & 6:15pm except during Mass)

(No Baptisms at Mass during the season of Advent or Lent)

Privately Time: _____

Form: Immersion Pouring

(The Parish office will call and confirm time, place and minister as quickly as possible)

Office use: Date Received: _____ Date Confirmed: _____

Database & Sacramental Book: _____ Certificate Sent: _____

Reviewed by Fr. Chris: _____