

INFANT BAPTISM REQUEST

Date _____

Child's Name _____

Birthdate _____ Place of Birth _____

Father's Name _____ Religion _____

Mother's Maiden Name _____ Religion _____

Address _____

Phone _____ Parents are registered members of _____
Name of Church Parish, City

Marital Status: Church Marriage Civil Marriage Single Divorced

Date of Marriage _____ City, State _____ Church _____

Baptism Seminar(s) Attended _____
Date _____ Church Parish, City _____

Godfather _____ Religion _____

Godfather's Age _____ Godfather's Confirmation: _____
Date _____ Church Parish, City _____

Church Address & Phone # _____

Marital Status: Catholic Church Marriage Married Outside Catholic Church Single Divorced

Godfather Registered Parishioner at _____ Church.

Church Address & Phone _____

Baptism Seminar(s) Attended _____
Date _____ Church Parish, City _____

Godmother _____ Religion _____

Godmother's Age _____ Godmother's Confirmation: _____
Date _____ Church Parish, City _____

Church Address & Phone # _____

Marital Status: Catholic Church Marriage Married Outside Catholic Church Single Divorced

Godmother Registered Parishioner at _____ Church.

Church Address & Phone _____

Baptism Seminar(s) Attended _____
Date _____ Church Parish, City _____

Desired Date of Baptism _____ Church _____

Celebrant _____

Office Staff Only:

Comments by Staff: *(This initial contact should discover whether the parents and godparents were married in the Church and whether they themselves have received the three Sacraments of Initiation: Baptism, Eucharist and Confirmation.)*

BAPTISM COMPLETION DATE _____ CELEBRANT'S SIGNATURE _____

Baptism Certificate Issued

PDS Entry