

# BAPTISM APPLICATION

PLEASE RETURN THIS FORM TO THE RELIGIOUS EDUCATION OFFICE  
**AT LEAST THREE WEEKS PRIOR** TO THE DESIRED BAPTISMAL DATE.

REG	___	PDS	___
BP	_____		
GPF	___	GPBP	___
REM	_____		
REC#	___	Pg	___

**PLEASE PRINT CLEARLY**

DATE OF BAPTISM \_\_\_\_\_ TIME \_\_\_\_\_

NAME OF CHILD \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_ (WORK) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_@\_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ CITY/STATE OF BIRTH \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

MOTHER'S NAME \_\_\_\_\_  
(MAIDEN) (FIRST) (MIDDLE)

RELIGION OF FATHER \_\_\_\_\_ RELIGION OF MOTHER \_\_\_\_\_

CATHOLIC PARISH OF PARENTS \_\_\_\_\_

ARE THE PARENTS MARRIED? \_\_\_ YES \_\_\_ NO

WERE THE PARENTS MARRIED BY A CATHOLIC PRIEST/DEACON? \_\_\_ YES \_\_\_ NO - IF NOT, WOULD YOU LIKE A PRIEST OR STAFF MEMBER CONTACT YOU? \_\_\_ YES \_\_\_ NO

ARE THERE ANY ISSUES THAT WE SHOULD BE AWARE OF FOR THIS BAPTISM? \_\_\_\_\_  
\_\_\_\_\_

**ONE GODPARENT MUST BE A PRACTICING CATHOLIC WHO HAS BEEN BAPTIZED AND CONFIRMED IN THE CATHOLIC CHURCH AND HAS NOT LEFT THE CHURCH, E.G. BY MARRIAGE.**

GODFATHER'S/CHRISTIAN WITNESS' NAME \_\_\_\_\_

RELIGION \_\_\_\_\_ PARISH \_\_\_\_\_ CITY AND STATE \_\_\_\_\_

GODMOTHER'S/CHRISTIAN WITNESS' NAME \_\_\_\_\_

RELIGION \_\_\_\_\_ PARISH \_\_\_\_\_ CITY AND STATE \_\_\_\_\_

IS EITHER GODPARENT REPRESENTED BY PROXY? \_\_\_ YES \_\_\_ NO

IF YES, PLEASE PROVIDE NAME(S) \_\_\_\_\_

WAS THE CHILD PRIVATELY BAPTIZED? \_\_\_ YES \_\_\_ NO WAS THE CHILD ADOPTED? \_\_\_ YES \_\_\_ NO

NUMBER OF SEATS TO BE RESERVED \_\_\_\_\_

ADDITIONAL REMARKS: \_\_\_\_\_

If you have any questions, please contact Kathy Ahearn at 757-495-1886 x411 or [ahearnk@ascensionvb.org](mailto:ahearnk@ascensionvb.org).