

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 Janet Jones at 757-495-1886 x423 or jonesj@ascensionvb.org.