

# ***Baptism For Children Form***

**Divine Mercy Parish  
PO Box 98  
St. Anthony, IN 47575**

Full Name(s) of Child (Children) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male / Female

Place of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

e-mail address: \_\_\_\_\_

Phone numbers: \_\_\_\_\_ (mother's cell) \_\_\_\_\_ (father's cell)

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's Name (Maiden): \_\_\_\_\_ Religion: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Date and place of wedding: \_\_\_\_\_

Is this your first child? Yes No Please list name(s) and age(s) of all siblings: \_\_\_\_\_

**Are you an active registered member of Divine Mercy Parish** \_\_\_\_ Yes \_\_\_\_ No

If no, permission for baptism received from: \_\_\_\_\_

Name of male Roman Catholic sponsor (Godparent): \_\_\_\_\_

Parish \_\_\_\_\_

Name of female Roman Catholic sponsor(Godparent): \_\_\_\_\_

Parish \_\_\_\_\_

*(optional) Name of baptized Christian witness:* \_\_\_\_\_

Dates and place of Preparation: \_\_\_\_\_

Date of baptism: \_\_\_\_\_ Place of baptism: \_\_\_\_\_

**\*\*Information must be returned to Parish office no later than 2 weeks BEFORE Baptism\*\***