

Baptism For Children Form

Date of Application: _____

**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****