

Church of the Resurrection: BAPTISMAL APPLICATION FORM

Today's Date _____

Baptism Date _____ Priest _____

Name of Child _____
Family First Middle

Date of Birth _____ Place of Birth _____ Male _____ Female _____

Home Address _____
Address City/State Zip

Home Phone _____ Cell Phone (Mom) _____ Cell Phone (Dad) _____

Email (Family or best) _____

Father's Name _____ Religion _____
First Last

Address (if not the same as child's) _____
Address City/State Zip

Father's marital status (check one) married single divorced

Place of Marriage _____
Church City/State

Mother's name _____ Religion _____
First Maiden Last

Address (if not the same as child's) _____
Address City/State Zip

Mother's marital status (check one) married single divorced

Place of Marriage _____
Church City/State Zip

GODPARENTS At least one godparent must be a practicing Catholic, fully initiated in the Church through Baptism, Confirmation and Eucharist.

Godmother's Name _____
Family First

Church/Parish Affiliation _____

Address _____
Address City/State Zip

Godfather's Name _____
Family First

Church/Parish Affiliation _____

Address _____
Address City/State Zip

Names and ages of other children (siblings) in the family _____
Are these children baptized? _____

Is there anything else the Church of the Resurrection can do for you?