



Baptismal Application

Date: _____

CHILD TO BE BAPTIZED

Child's Name: _____

(First)

(Middle)

(Last)

Date of Birth: _____
 (Month) (Day) (Year)

Place of Birth: _____,
 (City) (State)

PARENTS

Father's Name: _____

(First)

(Middle)

(Last)

Father's Religious Tradition: _____

Father's Cell: _____ Father's email: _____

Mother's Name: _____

(First)

(Maiden)

(Last)

Mother's Religious Tradition: _____

Mother's Cell: _____ Mother's email: _____

MARRIAGE

Are Parent's Married: _____ Yes _____ No Civil: _____ Sacramental _____

If not married sacramentally, would you like the opportunity to speak with a priest? _____ Yes _____ No

GODPARENTS

Godfather's Name: _____

Is the Godfather Catholic? _____ Yes _____ No If no, Religion/Denomination: _____

Godmother's Name: _____

Is the Godmother Catholic? _____ Yes _____ No If no, Religion/Denomination: _____

Is either godparent represented by Proxy? _____ Yes _____ No

If so, which Godparent? _____

PREPARATION AND CELEBRATION OF THE SACRAMENT

Attendance in Baptismal Preparation Class? _____ Yes _____ No

If yes, Date of Class: _____ If no, reason for excuse: _____

DATE OF BAPTISM: _____ Clergy: _____

(Month) (Day) (Year)