BAPTISMAL REQUEST Today's Date_____

Family Last Name_____ Email: _____

Address _____

City/State/Zip Code _____

Home Phone_____ Cell Phone _____

Registered Parishioner Yes / No _____ Envelope Number _____

Child's Full Name _____

Date of Birth _____ City/State of birth_____

Father's Name _____

Mother's Name_____ Maiden Name _____.

Religion of Father:_____ Religion of Mother: _____

Married? Yes_____ No _____ By a Priest? Yes_____ No _____

Baptismal Class Date _____

Catholic Godfather _____
(Sponsor Certificate yes/no)

Church/City/State where he attends Mass _____

Catholic Godmother _____
(Sponsor Certificate yes/no)

Church/City/State where she attends Mass _____

Christian Witness _____Religion_____

Baptisms are held on the last Sunday of the Month after the last morning Mass.
(Parish office will confirm the time of baptism with you).

FORM MUST BE RETURNED BEFORE A DATE CAN BE SET