

Pre-Baptismal Inquiry

---Office Use Only---

PRE-BAPTISMAL INTERVIEW
 Date: _____ Interviewer: _____

Pre-Baptismal Class
 Date: _____

Father _____
 Mother _____
 Godfather _____
 Godmother _____

Donations/Fees Checks No. _____ Collected by: _____

-Office Use Only-

Requested Baptism Date:

--Priest/Deacon Use Only--

BAPTISM COMPLETED

Baptism Date: _____

Priest/Deacon Signature: _____

PRINT Child's Full Name _____

Date of Birth _____ City _____ State _____

Was the child privately baptized? Y or N Adopted? Y or N

The Parents of the Child

PRINT Father's Full Name _____

Mother's First and Maiden Name _____

Mailing Address _____ Zip _____

Phone Number _____ Cellphone Number _____

Are you registered at St. Philip the Apostle? Y or N If yes, Registration Number _____

Email address _____

If you attend Mass on Sunday, which church do you attend? _____

Why would you like to have your child baptized in the Catholic Church? _____

Why would you like to have your child baptized at St. Philip's? _____

Are both parents willing to raise the child in the Catholic tradition? _____

What does "raising the child in the faith" mean to you? _____

Marital Status of Parents

Please check Y or N for each of the following:

- We are married in the Catholic Church. Y or N
- If No**, Is there interest to be married in the Catholic Church? Y or N
- We were married in another church. Y or N
- We are civilly married only. Y or N
- We are living together but not married. Y or N
- One (both) of us had a previous marriage. Y or N
- I am a single parent. Y or N

Faith Practice of Parents

Please answer all that applies for each of the following:

- | | <u>Mother</u> | <u>Father</u> |
|---|--|--|
| Baptized Catholic or (other _____) | <input type="checkbox"/> Y or <input type="checkbox"/> N | <input type="checkbox"/> Y or <input type="checkbox"/> N |
| Has made First Communion | <input type="checkbox"/> Y or <input type="checkbox"/> N | <input type="checkbox"/> Y or <input type="checkbox"/> N |
| Has received Confirmation | <input type="checkbox"/> Y or <input type="checkbox"/> N | <input type="checkbox"/> Y or <input type="checkbox"/> N |
| If No , Is there interest in First Communion/Confirmation? | <input type="checkbox"/> Y or <input type="checkbox"/> N | <input type="checkbox"/> Y or <input type="checkbox"/> N |
| Participates weekly at Mass. | <input type="checkbox"/> Y or <input type="checkbox"/> N | <input type="checkbox"/> Y or <input type="checkbox"/> N |
| Attends church, but not regularly. | <input type="checkbox"/> Y or <input type="checkbox"/> N | <input type="checkbox"/> Y or <input type="checkbox"/> N |
| Rarely goes to church. | <input type="checkbox"/> Y or <input type="checkbox"/> N | <input type="checkbox"/> Y or <input type="checkbox"/> N |
| Is a practicing member of another religion? | <input type="checkbox"/> Y or <input type="checkbox"/> N | <input type="checkbox"/> Y or <input type="checkbox"/> N |
| Does not practice any religion. | <input type="checkbox"/> Y or <input type="checkbox"/> N | <input type="checkbox"/> Y or <input type="checkbox"/> N |
| Are you interested in registering at St. Philips? | <input type="checkbox"/> Y or <input type="checkbox"/> N | <input type="checkbox"/> Y or <input type="checkbox"/> N |
| Are you interested in joining one of our small faith communities? | <input type="checkbox"/> Y or <input type="checkbox"/> N | <input type="checkbox"/> Y or <input type="checkbox"/> N |

Godparent Information

Name of Godfather _____

Name of Godmother _____

Please check all that apply:

IMPORTANT: Note that at least one godparent must be a practicing Catholic

- | | <u>Godfather</u> | <u>Godmother</u> |
|--|--|--|
| Baptized Catholic or (other _____) | <input type="checkbox"/> Y or <input type="checkbox"/> N | <input type="checkbox"/> Y or <input type="checkbox"/> N |
| Has made First Communion. | <input type="checkbox"/> Y or <input type="checkbox"/> N | <input type="checkbox"/> Y or <input type="checkbox"/> N |
| Has received Confirmation. | <input type="checkbox"/> Y or <input type="checkbox"/> N | <input type="checkbox"/> Y or <input type="checkbox"/> N |
| Participates weekly at Mass | <input type="checkbox"/> Y or <input type="checkbox"/> N | <input type="checkbox"/> Y or <input type="checkbox"/> N |
| If No , Are you willing to commit to this? | <input type="checkbox"/> Y or <input type="checkbox"/> N | <input type="checkbox"/> Y or <input type="checkbox"/> N |
| Attends church but not regularly. | <input type="checkbox"/> Y or <input type="checkbox"/> N | <input type="checkbox"/> Y or <input type="checkbox"/> N |
| Is a practicing member of another religion? | <input type="checkbox"/> Y or <input type="checkbox"/> N | <input type="checkbox"/> Y or <input type="checkbox"/> N |
| Is married? | <input type="checkbox"/> Y or <input type="checkbox"/> N | <input type="checkbox"/> Y or <input type="checkbox"/> N |
| Is married in the Catholic Church? | <input type="checkbox"/> Y or <input type="checkbox"/> N | <input type="checkbox"/> Y or <input type="checkbox"/> N |
| If No , Is there interest to be married in the Catholic Church? | <input type="checkbox"/> Y or <input type="checkbox"/> N | <input type="checkbox"/> Y or <input type="checkbox"/> N |
| Are you interested in joining one of our small faith communities? | <input type="checkbox"/> Y or <input type="checkbox"/> N | <input type="checkbox"/> Y or <input type="checkbox"/> N |

Mother's Signature _____
Date

Father's Signature _____
Date

Priest's/Deacon's Signature _____
Date