ST. GEORGE CATHOLIC CHURCH

200 N. Third St., New Baden, IL 62265

Phone: 618-588-4323 Email: saintgcatholicchurch@gmail.com

BAPTISM APPLICATION

PLEASE PRINT !

NAME OF CHILD *(last, first, middle)*	
DATE OF BIRTH *M-D-Y*	
PLACE OF BIRTH *(city, state)*	
ADDRESS *(street, apt. #, city, state, zip)*	
HOME PHONE NUMBER	

FATHER'S NAME		**RELIGION**	
MOTHER'S NAME *maiden*		**RELIGION**	
CHURCH OF MARRIAGE *(name, city, state)*			
WAS THE CHILD PRIVATELY BAPTIZED? BY WHOM? *(emergency)*			
WAS THE CHILD ADOPTED?			

GODFATHER'S NAME		**RELIGION**	
GODMOTHER'S NAME		**RELIGION**	
IS GODPARENT TO BE REPRESENTED BY PROXY?		**WHICH ONE?**	
NAME OF PROXY *(if any)*		**RELIGION**	

CHURCH LAW requires that a candidate for Baptism - for membership in the CHURCH community - should be sponsored by a baptized and confirmed member of the Catholic Church who is willing and able to help the child develop and grow in the Catholic Faith. There must be at least one sponsor or godparent. In the case where there are two sponsors, one must be male and the other female. The maximum number of sponsors is two. The minimum age for a baptized and confirmed Catholic to be a sponsor is eighteen (18) years of age. A baptized Christian non-Catholic may not be a sponsor, but may act as a witness. Non-baptized persons may not officially act as a sponsor or a witness to a Baptism of a child in the Catholic Faith.

PARENTS AND GODPARENTS ARE EXPECTED TO ATTEND BAPTISMAL PREPARATION CLASS.

_____ _____

NAME OF PERSON WHO FILLED OUT THIS FORM **DATE**

** Please return this form to the parish office*

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BAPTISM CEREMONY INFORMATION

NAME OF CHILD *(last, first, middle)*	
MOTHER'S NAME	
FATHER'S NAME	
ADDRESS *(street, apt. #, city, state, zip)*	
HOME PHONE NUMBER	

DATE OF BAPTISM	
TIME	

BAPTISM:			
POURING			
BAPTISMAL CANDLE *own / parish*		**SYMBOLIC WHITE GARMENT** *own / parish*	
OPTIONS FOR PERSONAL INVOLVEMENT IN CEREMONY:			
PRESENTATION OF THE LITURGICAL GIFTS *(Y/N)*		**NUMBER OF PERSONS** *(3 -three people are preferred)*	
RESERVED SEATING *(Y/N)*		**NUMBER OF PERSONS**	

_____ _____
NAME OF COORDINATOR **DATE**

** Please make copy and return this form to the parish office*

NOTES: