



Request for the Sacrament of Baptism

Office Use Only	
Date: / /	
ID/Env :	

Child Information		
Name of the Child:		
Date of birth:	Place of Birth:	
Preferred month of Baptism: _____ <i>(*Baptism is celebrated on the FIRST SUNDAY of the month (except during Lent))</i>		
Parents Information		
Father's Name:		
Baptized: <input type="checkbox"/> Yes <input type="checkbox"/> No	Registered as a Parishioner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mother's Name:		
Mother's maiden Name:		
Baptized: <input type="checkbox"/> Yes <input type="checkbox"/> No	Registered as a Parishioner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:		
City:	State:	ZIP Code:
Home phone:	Cell:	
E-mail:		
Godparents Information		
<i>(*at least ONE of the Godparents is required to be Catholic.)</i>		
1. Godparents Name:	Baptized: <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Godparents Name:	Baptized: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Preparation Seminar for Parents		
<i>Seminar is offered on the SECOND SUNDAY of the month at 12:30pm (except during Lent), must be attended by parents AND godparents. Please enclose a copy of the child's birth certificate.</i>		
Please specify month that you will attend the preparation Seminar: _____		
Parent Statement		
I, _____		
Request on the behalf of my child the Sacrament of Baptism of the Roman Catholic Church.		
_____	_____	
<i>Parent's Signature</i>	<i>Date</i>	