



Request for the Sacrament of Baptism

Office Use Only	
Date: / /	
ID/Env :	

Child Information	
Full name of Child:	
Date of birth:	Place of Birth:
Preferred data of Baptism: _____	

Parents Information		
Father's legal Name:		
Baptized: <input type="checkbox"/> Yes <input type="checkbox"/> No	Religion:	Registered as a Parishioner? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mother's legal Name:		
Mother's maiden Name (if applicable):		
Baptized: <input type="checkbox"/> Yes <input type="checkbox"/> No	Religion:	Registered as a Parishioner? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:		
City:	State:	ZIP Code:
Cell:		
E-mail:		

Godparents Information	
<i>(*at least ONE of the Godparents is required to be Catholic.)</i>	
1. Godparents Name:	
Religion:	Baptized: <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Godparents Name:	
Religion:	Baptized: <input type="checkbox"/> Yes <input type="checkbox"/> No

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>