

# BAPTISM REQUEST FORM

**CHILD**      Male      Female

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

Was the child previously baptized?      Yes      No

Is the child adopted?      Yes      No

## FATHER

## MOTHER

Name \_\_\_\_\_

Name & Maiden \_\_\_\_\_

Religious Denomination \_\_\_\_\_

Religious Denomination \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

## GODFATHER

Name \_\_\_\_\_

Religious Denomination \_\_\_\_\_

## GODMOTHER

Name \_\_\_\_\_

Religious Denomination \_\_\_\_\_

## PROXIES

Names \_\_\_\_\_

## LOGISTICAL

St. Joseph

St. Mary

Chapel

Priest or Deacon \_\_\_\_\_

Instruction Date \_\_\_\_\_

Baptism Date/Time \_\_\_\_\_

Entered into Baptism Book

Certificate sent