

Baptism Request Form

Child's full name (First, Second, Surname)		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Place of Birth	Date of Birth
PARENT(S) INFORMATION				
Father's Name		Mother's (Maiden) Name		
Father Baptized <input type="checkbox"/> Yes <input type="checkbox"/> No		Father's Religion		
Mother Baptized <input type="checkbox"/> Yes <input type="checkbox"/> No		Mother's Religion		
Address of custodial Parent			City	
Home Phone	Cell Phone		Email address	
MARITAL STATUS				
Parents of child together as a couple <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Common Law <input type="checkbox"/> Divorced		Church of Marriage		
		Place of Marriage		
Registered Member of Parish <input type="checkbox"/> Yes <input type="checkbox"/> No		Regularly attend Sunday Eucharist <input type="checkbox"/> Yes <input type="checkbox"/> No		
SPONSOR INFORMATION				
Name of Godfather (Sponsor)		Received Sacraments of Baptism, Confirmation Eucharist <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Godmother (Sponsor)		Received Sacraments of Baptism, Confirmation Eucharist <input type="checkbox"/> Yes <input type="checkbox"/> No		
CHRISTIAN WITNESS				
Name of Christian Witness		Christian Witness Baptized <input type="checkbox"/> Yes <input type="checkbox"/> No	Denomination	

DECLARATION OF PARENTS

By signing below, I certify that all information provided on this form is true and correct and I hereby give permission for the baptism of the above named child in the Roman Catholic Church.

Signature of parent(s)

Date