



Request for Baptism

by a Parent
(Please Print)

OFFICE USE ONLY	
Baptism Date: _____	Time: _____
Church Building: _____	Celebrant: _____
Baptism Preparation Date: _____	<input type="checkbox"/> Waived
# _____	Book _____ Page _____

I, the undersigned, request that my child be baptized according to the Rite of the Roman Catholic Church.

_____ Gender Male Female
Child's Last Name Given Names

_____ Child's Date of Birth (MM/DD/YYYY) _____ Child's Place of Birth (City and Province/State)

FATHER'S full name, birth date, address, phone numbers and religion are:

_____ Last Name Given Names Date of Birth (MM/DD/YYYY)

_____ Address Postal Code

_____ Home Phone Cell Phone Work Phone

_____ Email Address Religion

Father's Present Marital Status: Single Married Re-Married Separated Divorced Widowed
If Married: Married in the Catholic Church Civilly Married Common Law
If Divorced: Has this person applied for a "Declaration of Invalidity" (Annulment)? Yes No

MOTHER'S full name, birth date, address, phone numbers and religious affiliation are:

_____ Present Last Name Maiden Name Given Names Date of Birth (MM/DD/YYYY)

_____ Address Postal Code

_____ Home Phone Cell Phone Work Phone

_____ Email Address Religion

Present Marital Status: Single Married Re-Married Separated Divorced Widowed
If Married: Married in the Catholic Church Civilly Married Common Law
If Divorced: Has this person applied for a "Declaration of Invalidity" (Annulment)? Yes No

Signed on: _____ Date _____ Signature of Consenting Parent

In the presence of: _____ Signature of Witness

GODPARENT / WITNESS:

Name: _____ Religion: _____

Name: _____ Religion: _____