



**Request for Baptism**  
**by a Guardian or Foster Parent**  
 (Please Print)

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

I, the undersigned, am the  Guardian  Foster Mother  Foster Father of:

\_\_\_\_\_ Gender  Male  Female  
 Child's Last Name Child's Given Names

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

I request to have this child baptised according to the Rite of the Catholic Church.

My 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	Occupation

The full name, birth date, address, phone numbers and religious affiliation of ***the other*** Guardian/Foster Parent are:

_____	_____	_____
Last Name	Given Names	Date of Birth (MM/DD/YYYY)
_____		_____
Address		Postal Code
_____	_____	_____
Home Phone	Cell Phone	Work Phone
_____	_____	_____
Email Address	Religion	Occupation

The full names, birth dates, address(es), phone number(s) and religious affiliation(s) of the parents of the child are:

**Father**

_____	_____	_____
Last Name	Given Names	Date of Birth (MM/DD/YYYY)
_____		_____
Address		Postal Code
_____	_____	_____
Home Phone	Email Address	Religion

**Mother**

_____	_____	_____
Last Name (Maiden Name)	Given Names	Date of Birth (MM/DD/YYYY)
_____		_____
Address		Postal Code
_____	_____	_____
Home Phone	Email Address	Religion

Signed on: \_\_\_\_\_ Date \_\_\_\_\_ Signature of Consenting Guardian/Foster Parent \_\_\_\_\_

In the presence of: \_\_\_\_\_ Signature of Witness \_\_\_\_\_

**GODPARENT / WITNESS:**

Name: \_\_\_\_\_ Religion: \_\_\_\_\_  
 Name: \_\_\_\_\_ Religion: \_\_\_\_\_