



Baptism Request Form

Desired Date(s) for Baptism (MM/DD/YYYY): _____

Availability must be confirmed by the parish office before the date and time are finalized.

Contact Name and Number: _____

Full Name of Person to be Baptized: _____

Gender: Male Female

City / State / Zip of Birth: _____

Date of Birth (MM/DD/YYYY): _____

Father's Full Name: _____

Religion: _____ Are you currently Practicing Catholic: Yes No

Mother's Full Name (include maiden): _____

Religion: _____ Are you currently Practicing Catholic: Yes No

Were you married in a Catholic Church (Name, Location): _____

Baptismal Godparents / Christian Witnesses: _____

(Godparents are practicing Catholics; Christian Witnesses are non-Catholics. You must have at least one Catholic Godparent)

Name of Godfather/Christian Witness: _____

His Parish *(if Catholic)*: _____

Name of Godmother/Christian Witness: _____

Her Parish *(if Catholic)*: _____

Celebrant Notes: _____

For Office Use only

Made contact on ___ / ___ / ___

___ Appointment with priest scheduled

___ Godparents forms received

___ Copy of birth certificate received

___ Confirmed date & time with family

Baptism Date: ___ / ___ / ___ Time: _____

___ Updated family information on database

___ Updated sacramental record on database

___ Prepared baptismal certificate

___ Put announcement in bulletin

___ Recorded in baptismal register