

Request for Baptism

Date of Request: _____

Family Name: _____

Registered with parish? Yes No

Name of child				Male / Female
Date of birth				
City and state of birth				
Date requesting baptism				
At which church?				By Which Priest?
Family street address				
City	State			Zip
Primary phone				
Primary email				

Parent Information	First	Middle	Last	Religion
Father's full Name				
Mother's full name (Maiden)				
Married by a Catholic priest?	Yes	No	Baptism Class?	When

Sponsor Information	First	Middle	Last	Religion
Godfather				
email			Phone	
Godmother				
email			Phone	

For office use:

Actual date of Baptism	Priest Signature
Date recorded	Add to PDS Certificate