Baptism Application

Please print all information clearly.

Name of Child:

First	Middle	Last	
Date of Birth	City & Sta	te of Birth	
Has your child been previously baptized?		If so, where?	
Name of Mother:			
First	Middle	Maiden	
Religion of Mother			
Mailing Address			
Daytime Phone			
Name of Father:			
First	Middle	Last	
Religion of Father			
Mailing Address			
Daytime Phone			
Parish where you are re	egistered		
How long?	How often do you	attend Mass (weekly, monthly, never or other)?	
How often do you rece	ive the Sacraments?		
Mother	Father		
How are you involved i	n parish life?		
Mother	Father		

Questions Regarding Marriage and Family

Are you married?	Yes	No		
Name of Church				
Date of Marriage				
City & State			-	
If not married in a church, w	where were	you married?		
Did you, as an individual/cc	ouple, decide	e to marry outside of the (Catholic Church because of a	
divorce situation? Were you given permission by the Catholic Diocese in				
which you were married to	have your v	vedding at a place other tl	han a Catholic Church?	
Number of children	_			
Ages				
Are the children enrolled in a religious education program or in a Catholic school?				
We hereby request the Sac				
Father			Date	
Mother			Date	