

## **INFANT BAPTISM REQUEST**

Please complete both sides of this form and print clearly.

## Parents should see to it that infants are baptized as soon as possible after birth!

Today's Date:							
	Month	Day	Year				
CHILD'S NAMI							
		Name		Middle Name		st Name	
Date of Birth:	Month	Davi	Vasa	Place of Birth		State	Country
	MONTH	Day	rear		City	State	Country
	Please at	ttach a	copy of	the Child's Birth	Certificate or	r Adoption Pa	<u>pers</u>
		(or bri	ng a cop	y to the Baptisn	n Preparation	Session)	
PARENTS' FUL	L NAMES:						
Parent1:							
	First Name Middle			e Name	Last Name	at Birth	
Parent2:							
	First Name				Last Name	at Birth	
Address:							
	Number & St			Apt.# City		State	Zip Code
Home Phone:				Business Ph	none:		
	Area Code					. Number	
Cell Phone:				_			
	Area Code						
Email Address	·						
Parents' Marit	al Status:	Λ	1arried		Single	Sep	arated
				ied Couple			
Parents' Parish	_						
arcines ransi				<del></del>			
Non-Parishion	<u>iers must b</u>	ring a l	<u>Letter of</u>	Permission fron	n their own Pa	arish to the Pr	eparation Sessio
<b>GODPARENTS</b>	<u>:</u>						
One or at most	two Godpar	ents ma	y be cho	sen. If two, one m	nust be male an	nd one female.	Godparents must l
_		•					Communion. If the
re two Godpar	ents, one of	them r	nay be a l	baptized non-Cath	nolic "Christian	Witness."	
(1)						Catholic?	Yes No
First Name						Catholic:	i Co INO
					 Name		
(2)		Middle N		Last N			Yes No

\*\* Baptisms are not scheduled during Lent.
All Baptisms must be scheduled at least one month in advance!

## **Preparation Meeting:**

Parents must also attend a 2-hour Baptism preparation session prior to the date of the Baptism. Baptism preparation sessions are offered every 2<sup>nd</sup> Saturday of the month at 10:00 a.m.

Bapt	ism Pre	paration	Class	<b>Preferred</b>	Date		

You may also attend a preparation class somewhere else and provide proof of attendance with this application.

If you have attended a class in the last 3 years, you will not be required to attend another one. Please submit proof of attendance.

## FOR OFFICE USE ONLY

Baptism Preparation Session	:				By:	
	Mon	th D	ay	Year		
Baptized by (Priest / Deacon	):				Ву:	
	Mon		ay	Year		
Recorded in Baptismal Register:			By:			
	N	/lonth	Day	Year		
Baptismal Certificate Sent: _					By:	
	Month	Day	Yea	r		