

# Infant Baptism Request Form

Family Name	Contact Email
Street Address	
City	State & Zip Code
Daytime Phone	Evening Phone

CHILD INFORMATION			
First Name	Middle Name	Last Name	
Date of Birth (Month, Day, Year)	Place of Birth	<input type="checkbox"/> Male	<input type="checkbox"/> Female

FATHER'S INFORMATION			
First Name	Middle Name	Last Name	Religion
The Father has read the Baptism Requirements and Guidelines <input type="checkbox"/> Yes <input type="checkbox"/> No			

MOTHER'S INFORMATION		
First Name	Middle Name	Last Name
Mother's Maiden Name	Religion	
The Mother has read the Baptism Requirements and Guidelines <input type="checkbox"/> Yes <input type="checkbox"/> No		

PARENT SACRAMENTAL INFORMATION – Sacraments received by the parents in the Catholic Church				
Father:	Baptism	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If No, what faith are you practicing?
	Confirmation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Mother:	Baptism	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If No, what faith are you practicing?
	Confirmation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are Parents Married?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	In Catholic Church? <input type="checkbox"/> Yes <input type="checkbox"/> No

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<b>FAMILY FAITH LIFE</b>
Are you Registered at St John the Baptist Parish? <input type="checkbox"/> Yes <input type="checkbox"/> No – we attend (list church name and city):
How often do you attend Mass? <input type="checkbox"/> Regularly <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom <input type="checkbox"/> Never
Which Mass do you usually attend? <input type="checkbox"/> Saturday 5 pm <input type="checkbox"/> Sunday 8:30 am <input type="checkbox"/> Sunday 11 am

**GODPARENT INFORMATION:**

<b>GODFATHER INFORMATION</b>		
First Name	MI	Last Name
Catholic? <input type="checkbox"/> Yes <input type="checkbox"/> No: Specify Religion:		Name and City of Parish Currently Registered:
Married? <input type="checkbox"/> No <input type="checkbox"/> Yes   If Yes, married in Catholic Church? <input type="checkbox"/> No <input type="checkbox"/> Yes		<b>NOTE: Godparent needs to take a Baptism Class AND obtain a Letter of Good Standing from their Parish</b>

<b>GODMOTHER INFORMATION</b>		
First Name	MI	Last Name
Catholic? <input type="checkbox"/> Yes <input type="checkbox"/> No: Specify Religion:		Name and City of Parish Currently Registered:
Married? <input type="checkbox"/> No <input type="checkbox"/> Yes   If Yes, married in Catholic Church? <input type="checkbox"/> No <input type="checkbox"/> Yes		<b>NOTE: Godparent needs to take a Baptism Class AND obtain a Letter of Good Standing from their Parish</b>

**PLEASE RETURN THIS COMPLETED FORM ALONG WITH A COPY OF THE CHILD'S BIRTH CERTIFICATE AND THE REQUESTED CHURCH USAGE DONATION OF \$50.00, TO THE PARISH OFFICE. A DONATION FOR THE CLERGY IS MADE DIRECTLY TO HIM THE DAY OF THE BAPTISM.**