

Infant/Child Baptism Application

Please print all information clearly.

Today's Date:		
Proposed Baptism Date: Time:		
Number of Family Members Attending: For other considerations or permissions, please contact Chris Shafer		
Child's Information:		
Child's full name:		
Date of Birth: (first) (middle) City & State of Birth:	(last)	
Address (city, state & zip):		
Home Phone: Day Phone:		
Cell Phone: (Mother's or Father's?)		
Was the child baptized in the hospital?NoYes Gender of child	MaleFemale	
Was the child adopted?NoYes (if yes, legal documentation is needed)		
Parent Information:		
Father's full name: (as stated on Child's Birth Certificate) (first) (middle) Religion of Father:	(last)	
Catholic Sacraments received:BaptismEucharist	Marriage	
Father attends Church:RegularlyOccasionallyS	eldomNever	
Mother's full name (maiden name in brackets): (as stated on Child's Birth Certificate)		
(first) (middle) Religion of Mother:	(maiden) (last)	
Catholic Sacraments received:BaptismEucharist	Marriage	
Mother attends Church:RegularlyOccasionallyS	SeldomNever	
Parent Email address:		
Are you (parents) registered members of Holy Family?YesNo If yes, members approximately how long? If No, please provide the name & address of the Catholic parish where you are registered and/or attending.		
Marriage Information of Parents:		
Marital Status of Parents:MarriedSingleDivorced If Married, were you married in a Catholic Church?YesNo If divorced, please attach legal documentation verifying guardianship of this child.		

Godparent/Sponsor & Witness Information:		
Name of Male Godparent:	Age	
Member of Holy Family?YesNo If No, where?		
Sacraments received: Baptism Eucharist Endance If married, is Male Godparent in a valid Catholic Marriage: i.e. It		
Name of Female Godparent:	Age	
Member of Holy Family?YesNo If No, where?		
Sacraments received: Baptism Eucharist If married, is Female Godparent in a valid Catholic Marriage: i.e.		
Will either Godparent be represented by Proxy(ies)?	YesNo	
If using a Christian Witness, please provide full name:		
Gender:MaleFemale		
Baptized in	_Faith	
Name of Church, City and State in which the Christian V		
, <u>,</u>	•	
Baptism Class Preparation: Have the parents attended a baptism preparation class in the last 2	years?	
Yes If yes, where?		
No If no, for which class are y	ou registering?	
Have Godparents attended a baptismal preparation class? (encour	raged, but not required)	
Yes If Yes, where?		
	ou registering?	
I give permission to Holy Family to publish my child's first name		
Yes No (please initial)		
By signing below, I certify that all information provided on this for baptism of the above named child in the Catholic Church.	orm, is true and correct; and I hereby give permission for the	
Signature of Parent	Date	
Signature of Parent	Date	
Return completed App	olication to Chris Shafer	
Office Use Only:	Additional Forms:	
Noted in EMS (if other than Baptism weekend)	Parent Acknowledgement form	
Sample Certificate drafted	Godfather Verification	
Email Baptism weekend sheet to Fr. Loc, Barb,	Godmother Verification	
Chris and LWC	Godfather Sacramental Records OK to record	
Class Completed Entered in Sacrament Book	Godmother Sacramental Records	
Entered in Sacrament Book Entered in ACS as family member/check records	Christian Witness Baptism Record	
Zincied in 7105 as failing member/effect records	Non/New Parishioner Pastor Letter	