



St. Patrick Church

A Catholic Community

BAPTISM APPLICATION FORM

Please Print Clearly

Date: _____

I, the undersigned, _____ Mother Father
apply to have this child baptized according to the Rite of the Catholic Church

Name of Child: _____
First Name Middle Name Surname (Last Name)

_____ Male Female
Date of Birth Place of Birth

_____ Postal Code
Address

FAMILY INFORMATION

_____ Baptized Yes / No
Father's Name Middle Name Surname Religion: _____

Occupation: _____

Telephone: _____ Email: _____

_____ Baptized Yes / No
Mother's Name Middle Name Maiden Name Religion: _____

Occupation: _____

Telephone: _____ Email: _____

Are you registered in the Parish? Yes / No / Uncertain

MARRIAGE INFORMATION

Are you married? Yes / No Church of Marriage: _____

Church Marriage Civil Marriage Common Law Other

GODPARENT INFORMATION

At least one of the godparents must be a fully initiated practicing Catholic. Other baptized persons may act as Christian witnesses together with a Catholic godparent.

_____ Baptized Yes / No
Godfather's Name Middle Name Surname Religion: _____

_____ Baptized Yes / No
Godmother's Name Middle Name Surname Religion: _____

We, as parents, intend to raise our child in the Catholic faith, and further agree to attend the necessary Baptismal Preparation Seminar.

Signature of Parents: _____

OFFICE USE ONLY

Date of Appointment: _____ Interviewed by: _____

Date of Baptism Seminar: _____ Date of Baptism: _____

Copies Attached: Baptism Certificate of Parent Other: _____

Notes:

