Request for Infant Baptism at St. Stephen's Church

Child's Name: _____
First Middle Last

Date of Birth: _____ Place of Birth: _____

Address where child resides: _____

City, State, Zip Code: _____

PARENT INFORMATION:

Father's full legal name: _____ **Mother's** full legal name: _____

Religion: ☐ Roman Catholic ☐ Other: _____ Religion: ☐ Roman Catholic ☐ Other: _____

Specify: _____ Specify: _____

Address of father, if different from above: _____ Address of mother, if different from above: _____

_____ _____

Tel: _____ Email: _____ Tel: _____ Email: _____

Date of Marriage: _____ ☐ Civil ☐ Church

Place of Marriage: _____

At what parish do you attend Mass? _____

GODPARENT INFORMATION:

The following are fully initiated Catholics, actively practicing their faith, living a Catholic way of life and, if married, are married according to Church law. (If two godparents are chosen, there must be one male and one female; if not Catholic, place an "X" next to their name.)

Godfather: _____ Tel: _____

Godmother: _____ Tel: _____

Will the Godparent(s) be present at the ceremony? ☐ Yes ☐ No

Office Use Only

Interview Session: _____

Class: _____

Parish Registration: _____

Sponsor Certificates: _____

Ceremony Date: _____ Time: _____

Priest/Deacon: _____