



ST. MAXIMILIAN KOLBE CATHOLIC COMMUNITY REQUEST FOR INFANT BAPTISM

PLEASE PRINT CLEARLY

**CHILD'S BIRTH CERTIFICATE MUST BE SUBMITTED WITH COMPLETED FORM
TWO WEEKS PRIOR TO BAPTISM**

Child's Name and Information:

First Middle Last

Place of Birth: City, State, Country, Zip Code Date of Birth: Day/Month/ Year

Name of Father: Registered at St. Maximilian: Yes or No

First Name Last Name Church where Baptism Class Attended Date

Maiden Name of Mother: Registered at St. Maximilian: Yes or No

First Name Last Name Church where Baptism Class Attended Date

Name of Godfather OR Christian Witness: (Please Circle Which One)

First Name Last Name Church where Baptism Class Attended Date

Practicing Catholic in full Communion with the Church: ____ Confirmed in the Catholic Church: ____

Single: ____ OR Married in the Catholic Church: ____

Name of Godmother OR Christian Witness: (Please Circle Which One)

First Name Last Name Church where Baptism Class Attended Date

Practicing Catholic in full Communion with the Church: ____ Confirmed in the Catholic Church: ____

Single: ____ OR Married in the Catholic Church: ____

Family Contact Information:

Preferred Telephone Number: _____ Alternate Number: _____

E-mail Address: _____

Home Address: _____

**Baptism Dates to be scheduled after all required documentation (birth certificate) received:* _____
Requested Date of Baptism

This child was baptized at St. Maximilian Kolbe Catholic Church on _____

By: _____
Printed Name of Priest or Deacon Signature of Priest or Deacon