

BAPTISM REQUEST FORM

Church of St. Michael the Archangel
2281 State Road 580 Clearwater, Florida 33763
(727) 797-2375

Date: _____

Child's Full Name: _____

Date of Birth: _____

City/State of Birth: _____

Father's Full Name: _____

Father's Religion: _____

Sacraments: _____ Baptism; _____ First Communion; _____ Confirmation

Mother's Full Name: _____

Mother's Maiden Name: _____

Mother's Religion: _____

Sacraments: _____ Baptism; _____ First Communion; _____ Confirmation

Family Address: _____

_____ Zip Code _____

Telephone: Home _____ Work _____

Mother's Cell Number: _____ or

Father's Cell Number: _____

Email Address: _____

TARGET DATE OF BAPTISM: _____

Are you an active member of St. Michael Parish, that is;

Are you a registered member of St. Michael Parish? _____ Yes _____ No

Do you attend Mass regularly at St. Michael? _____ Yes _____ No

Do you support the parish using envelopes or Online Giving? _____ Yes _____ No

Was the child baptized privately (e.g. in the hospital)? _____

Name/Ages of other children in the family, if any: _____

Are they baptized? ____ Yes ____ No

If school age, are they receiving regular religious instruction? ____ Yes ____ No

Where? _____

Were parents married before a Catholic priest or deacon? ____ Yes ____ No

Godparents: A godparent must be a baptized Catholic who has received the Eucharist, been confirmed, is at least 16 years of age, who practices the faith, and whose life is harmony with the role to be undertaken. These qualifications must be verified by a "Sponsor's Certificate" obtained by the godparent from his/her home parish (if the godparent is not a member of St. Michael the Archangel parish). The sponsor's certificate must be sent to the parish office prior to the baptism. Only one godparent is required. Only one male or one female sponsor or one of each sex is allowed. A non-Catholic who is baptized and active in his/her church may serve as a witness together with a Catholic sponsor.

Godfather: _____

Baptized Catholic ____ Yes ____ No; First Communion ____ Yes ____ No

Confirmation ____ Yes ____ No;

Godmother: _____

Baptized Catholic ____ Yes ____ No; First Communion ____ Yes ____ No

Confirmation ____ Yes ____ No;

+++++
To be completed by Office

Godparent's qualifications verified; Date: _____

Pre-Baptism Instruction Class Completed; Date: _____

Signature or person conducting the class: _____

Date of Baptism: _____

Celebrant: _____

Recorded in Parish Register by: _____ Date _____

Certification mailed by: _____