BAPTISMAL APPLICATION

Congratulations on the decision to baptize your child! Please know that All Saints Church staff will be more than happy to assist you during the preparation of your child’s baptism. Please include a copy of your child’s birth certificate and the Baptismal fee of $250 ($100 for Active Parishioners – Group Baptisms only) with the completed application. You may pay by cash, check or debit/credit – Make checks payable to “All Saints Church”.

Requirements:
1) Parents and Godparents must attend a Baptism Preparation Class
2) Parents must be interviewed by a Priest or Deacon prior to the child’s baptism
3) Godparents must provide a “Letter of Eligibility to be a Godparent” from their Church/Parish.

This form is to be completed by all parents wishing to have their child baptized at All Saints Catholic Church.

Are you registered as a Parishioner with All Saints? ___________ What is your Registration Number?__________
When did you register?________________________________________

- Do you attend mass regularly? Yes or No (Circle one)
- Which Mass do you attend?____________________________________

Family Information:
- Are you married in the Roman Catholic Church? Yes or No (Circle one)
  Name of Church:_______________________________________________ When:__________________________

If you are not married in the Roman Catholic Church:
- Are you married? Yes or No (Circle one)

Would you like more information on the Sacrament of Marriage? Yes or No (Circle one)

PLEASE PRINT CLEARLY. THIS INFORMATION WILL BE USED FOR RECORDS AND CERTIFICATES

Child’s Full Name:______________________________________________ Male   Female________
Birth date:______________________ Birth City:____________________________ Birth State:___________

Father’s Full Name:_________________________________________________________________________

Sacraments Received: Baptism?______ Reconciliation?________ 1st Holy Communion?________ Confirmation?______

Mother’s First and Maiden Name:_________________________________________________________________

Sacraments Received: Baptism?______ Reconciliation?________ 1st Holy Communion?________ Confirmation?______

If you are not the Birth parent(s) of the child, please explain: __________________________________________

_____________________________________________________________________________________________________

Family’s Address:_______________________________________________________________________________

City:________________________________________ State:___________ Zip Code:________

Home Phone:________________________ Cell:____________________ Work:________________________

Email Address:_________________________________________________________________________________

Baptismal Application 7-24-18den
I/We wish to have our child baptized in the Catholic Church because? _________________________________

To have a child baptized, parents have to promise to raise their child in the Catholic faith. How will you fulfill the promise? ________________________________________________________________________________________

________________________________________________________________________________________________

________________________________________________________________________________________________

***Godparent’s Information***
Church law requires at least one Godparent to be chosen for Baptism. To be a Godparent one must be a Roman Catholic who has already received the sacraments of Baptism, Communion and Confirmation, is at least 16 years of age, and practices the Catholic faith. When a second Godparent is chosen, he/she must be of a different gender from the first Godparent (Godfather & Godmother). When the second person chosen is not a Catholic, this person can act as a witness as long as he/she is a baptized and practicing Christian. Godparents must provide a “Letter of Eligibility to be a Godparent” from their Church. PLEASE INITIAL HERE:

Male Godparent’s Name:_____________________________________________ Catholic?_______ Yes______ No_____

Female Godparent’s Name:_____________________________________________ Catholic?_______ Yes______ No_____

Office Use Only (rev. 11/15/17)
Registration #__________________________ Baptism Preparation Class Date:_____________________

Time:_____________ Place:_________________

Baptismal Date:__________________________ Time:_____________ Place:_________________

Amount Paid:__________________________ Payment Type:_______________ Date:_________________

Birth Certificate_______ Godparent Eligibility Certificate_______ Baptism Class Certificate_______

Comments:_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

Interview Date:_________________________________________________________________________________________

Interviewer Notes: ______________________________________________________________________________________

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

BAPTIZED BY:_____________________________________

SIGNATURE OF PRESIDER