



BAPTISM FORM

Application Date:

INFORMATION OF CHILD(REN) TO BE BAPTIZED

NAME: FIRST MIDDLE LAST

Date of Birth: mm/dd/yyyy

City and state of birth:

NAME: FIRST MIDDLE LAST

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Date of Birth: mm/dd/yyyy

City and state of birth:

Children must be under the age of 6 at the time of Baptism.

Baptism date and time requested:

Language in which the Baptism will be celebrated:

Please include first choice and second choice of dates:

PARENT INFORMATION

Mother's Information

NAME: FIRST MIDDLE LAST

Religion of mother:

Status of Marriage?

Check one: Civil _____ Catholic Church _____ None: _____

If not registered at the Cathedral please indicate parish and diocese in which you are registered:

Father's Information

NAME: FIRST MIDDLE LAST

Religion of Father:

Registered Parishioners?

HOME MAILING ADDRESS: (Street Address/City/State/zip code)

HOME PHONE:

Mother's mobile

Father's mobile

Email addresses or alternate telephone(s)

Other:

Other:

Name of Celebrant: Archdiocese/Diocese of:

Acolyte (Name and contact):

Celebrant Contact Information (telephone/email):

Godmother:

Classes here?

Godfather:

Classes here?

Witness:

Classes here?

Witness:

Classes here?

Baptism Class date:

Office use only: Date of payment _____ Amount \$ _____

Balance due if any : _____

Check here if paid in full

Check # _____ Cash _____ Receipt # _____