

BAPTISM APPLICATION

PRINT FIRST NAME OF CHILD	PRINT MIDDLE NAME OF CHILD	PRINT LAST NAME OF CHILD

DATE OF CHILD'S BIRTH	PLACE OF CHILD'S BIRTH

DATE OF BAPTISM:

PRINT MAIDEN NAME OF BIOLOGICAL MOTHER

PRINT NAME OF BIOLOGICAL FATHER

MAILING ADDRESS (INCLUDE STREET ADDRESS)	CITY	STATE	ZIP

TELEPHONE NUMBER

1. ARE THE PARENTS PRACTICING CATHOLICS?	YES	NO
2. ARE THE PARENTS REGISTERED IN LITTLE FLOWER CHURCH?	YES	NO
3. ARE THE PARENTS MARRIED IN A CATHOLIC CHURCH?	YES	NO
4. IS IT THE PARENTS INTENTION TO RAISE THIS CHILD CATHOLIC?	YES	NO

INFORMATION ABOUT THE SPONSORS (GODPARENTS)

PRINT FULL NAME OF GODMOTHER	GODMOTHER'S RELIGION

PRINT FULL NAME OF GODFATHER	GODFATHER'S RELIGION