

BAPTISMAL INFORMATION
CHURCH OF ST. JOHN THE APOSTLE

Child's Name _____ Sex: ___ Male ___ Female

Date of Birth _____ Place of Birth _____

Is this a first child? (Y/N) _____

Names of other Children _____

The policy of the diocese is that you present a copy of the birth certificate when requesting to baptise your child. Please return this form along with a copy of your child's birth certificate.

Father's Name _____ Religion _____

Mother's (maiden) Name _____ Religion _____

Address _____

Phone number _____

Are parents married? _____ Was the Wedding in a Catholic Church?

If not, was your preparation with a Catholic parish and the wedding with the Bishop's approval?

Are parents registered members at one of our churches? _____ Parish name & City _____

Sponsors: Male _____
Is he a practicing Catholic? Yes ___ No ___

If not, What religion is he? _____

Female _____
Is she a practicing Catholic? Yes ___ No ___

If not, What religion is she? _____

It is desired that Godparents be practicing catholics; at least one must be!

If the sponsor(s) will not be present at the baptism, who will be the proxy(ies)?
Male _____ Female _____

Date for Baptism _____

Date of meeting for prep and information _____

Person filling out this form _____