

## Request by Parents for the Baptism of Their Child

This request is an important exercise of your Christian faith. It is a sign of your willingness to introduce your child into the intimate life of the Most Holy Trinity + Father, Son, and Holy Spirit. It is also a commitment that you will fulfill your privilege and responsibility to educate your child in the Catholic experience of the Christian faith through your own example.

This form must be completed and returned to the Church on the evening of the Baptism Meeting, along with the Sponsor Forms.

Date of Baptism \_\_\_\_\_

Name of your Child \_\_\_\_\_  
FIRST MIDDLE LAST

Date of Birth \_\_\_\_\_  Male  Female Place of Birth \_\_\_\_\_

Father's Name \_\_\_\_\_ Religion \_\_\_\_\_

Mother's Name \_\_\_\_\_ Religion \_\_\_\_\_  
FIRST MAIDEN

Home Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Church/Place in which you were Married \_\_\_\_\_

Do you have other Children?  YES  NO How Many? \_\_\_\_\_ List Their Names and Dates of Birth Below:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Were any/all of these children baptized in St. Patrick's  YES  NO When? (Dates) \_\_\_\_\_

Are you registered Parishioners?  YES  NO When did you Register in St. Patrick's \_\_\_\_\_

**SPONSORS (GODPARENTS) SHOULD BE CHOSEN BECAUSE OF THE EXEMPLARY LIVING OF THE CATHOLIC FAITH.**

**PLEASE READ PAGE 6, PARAGRAPH IV**

GODFATHER'S NAME: (Please Print) \_\_\_\_\_

Is he a believing, practicing catholic?  YES  NO His Parish \_\_\_\_\_

GODMOTHER'S NAME: (Please Print) \_\_\_\_\_

Is she a believing, practicing catholic?  YES  NO Her Parish \_\_\_\_\_