



BAPTISM APPLICATION FORM

(Sample)

Name of Child: _____
Family First

Date of Birth: _____ City of Birth: _____
Month/day/year

Home Address: _____ Phone _____

PARENTS

Father's Name: _____
Family First

Religious Denomination: _____

Address (if not the same): _____

Marital Status: _____ Place of Marriage: _____

Mother's maiden name: _____
Family First

Religious Denomination: _____

Address (if not the same): _____

Marital Status: _____ Place of Marriage: _____

GODPARENTS

Godmother Name: _____
Family First

Address: _____

*Church/Parish affiliation: _____

Godfather Name: _____
Family First

Address: _____

*Church/Parish affiliation: _____

*At least one godparent must be a practicing Catholic, initiated into the Church through baptism, confirmation and Eucharist.

Names and ages of other children (siblings) in the family: _____

Has this child ever been baptized before? If yes, where? _____ When? _____

Under what circumstances? _____



Office for Evangelization and Catechetical Ministry