BAPTISM APPLICATION FORM
(Sample)

Name of Child: ____________________________

Family First

Date of Birth: ____________________________ City of Birth: ____________________________

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? ____________________________

The Roman Catholic
Diocese of San Diego

Office for Evangelization and Catechetical Ministry