

# BAPTISM APPLICATION

## CHILD'S INFORMATION

Child's Full Name	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Not yet known (if unborn)
<div> <div>First</div> <div>Middle</div> <div>Last</div> </div>	Was this child adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth	Has there been an emergency baptism? <input type="checkbox"/> Yes <input type="checkbox"/> No
<div> <div>Month</div> <div>Day</div> <div>Year</div> </div>	City, State, and Country of Birth:
or Due Date	
<div> <div>Month</div> <div>Day</div> <div>Year</div> </div>	<div> <div>City</div> <div>State</div> <div>Country</div> </div>

**PARENTS' INFORMATION:** Identify Primary Contact ☐ Father ☐ Mother ☐ Other (if other, attached contact information on a separate sheet)

Father's Full Name	Mother's Full <b>Maiden</b> Name
<div> <div>First</div> <div>Middle</div> <div>Last</div> </div>	<div> <div>First</div> <div>Middle</div> <div>Maiden</div> </div>
Telephone ( )	Telephone ( )
Email	Email
Mailing Address:	Mailing Address:

## GODPARENTS' INFORMATION

<b>MALE</b> Godparent's Full Name	<b>FEMALE</b> Godparent's Full Name
<div> <div>First</div> <div>Middle</div> <div>Last</div> </div>	<div> <div>First</div> <div>Middle</div> <div>Last</div> </div>
Parish	Parish
City and State:	City and State:

## CHRISTIAN WITNESS INFORMATION (only one and if applicable)

Christian Witness's Full Name:
<div> <div>First</div> <div>Middle</div> <div>Last</div> </div>
Name of Church
City and State of Church

**Requested Baptismal Month:** \_\_\_\_\_