

BAPTISM REQUEST FORM



Today's date:

Name of Child:

(Include his/her middle name)

M _____ F _____

Date & Place of birth:

Address

Please include City, State, ZC:

Home Phone

PARENTS INFORMATION

Mother's Cell phone:

Father's Cell phone:

Email address:

Father's Name:

Religion:

Please Indicate:
(Circle YES or NO)

Married YES _____ NO _____ Received First Communion YES _____ NO _____
Was CONFIRMED YES _____ NO _____ Attends Mass weekly YES _____ NO _____
Roman Catholic

Mother's Name:

Religion:

Please Indicate:
(Circle YES or NO)

Married YES _____ NO _____ Received First Communion YES _____ NO _____
Was CONFIRMED YES _____ NO _____ Attends Mass weekly YES _____ NO _____
Roman Catholic

Were the parents of the Child married by a ROMAN CATHOLIC priest or Deacon? YES _____ NO _____

If not, please indicate name of the parish of registration:

Are the parents of the child, registered parishioners of St. Fabian? YES _____ NO _____

If not, list the children baptized at St. Fabian:

Is this the first child baptized at St. Fabian? YES _____ NO _____

GODPARENTS INFORMATION

Godfather's Name:

Religion:

Please Indicate:
(Circle YES or NO)

Married YES _____ NO _____ Received First Communion YES _____ NO _____
Was CONFIRMED YES _____ NO _____ Attends Mass weekly YES _____ NO _____
Roman Catholic
If not Catholic, is he a baptized Christian and practicing the faith? YES _____ NO _____

Godmother's Name:

Religion:

Please Indicate:
(Circle YES or NO)

Married YES _____ NO _____ Received First Communion YES _____ NO _____
Was CONFIRMED YES _____ NO _____ Attends Mass weekly YES _____ NO _____
Roman Catholic
If not Catholic, is she a baptized Christian and practicing the faith? YES _____ NO _____

THIS IS NOT A BAPTISM CERTIFICATE