

# REQUEST FOR BAPTISM

NAME OF CHILD TO BE BAPTIZED: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

FAMILY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

FATHER'S RELIGION: \_\_\_\_\_

MOTHER'S MAIDEN NAME: \_\_\_\_\_

MOTHER'S RELIGION: \_\_\_\_\_

CHURCH OF MARRIAGE: \_\_\_\_\_

ARE YOU A REGISTERED MEMBER OF ST. ALPHONSUS PARISH?      YES      NO

GODPARENTS (Only one needed but must be baptized, received First Communion, and been Confirmed)

GODFATHER'S NAME: \_\_\_\_\_ RELIGION: \_\_\_\_\_

GODMOTHER'S NAME: \_\_\_\_\_ RELIGION: \_\_\_\_\_

Will either Godparent be represented by a proxy?      NO      YES

NAME OF PROXY: \_\_\_\_\_

DATE OF BAPTISM: \_\_\_\_\_ TIME: \_\_\_\_\_

PRIEST SIGNING UP BAPTISM: \_\_\_\_\_

REMARKS: \_\_\_\_\_