

BAPTISM REQUEST FORM

Today's Date: _____ Baptism Date Requested: _____ at _____ Parish
(month/day/year) (STR or OLV)

Register for Class in _____ (month) as: Parents _____ OR Godparent _____ (check one)

CHILD's FULL NAME _____ **PLEASE PRINT**
(First Middle Last)

PLACE of BIRTH: _____ DATE of BIRTH: _____
(city AND state where child was born) (month/day/year)

FATHER's FULL NAME _____ Catholic? YES NO (Circle one)
(First Middle Last)
If not, what faith? _____

MOTHER's FULL **MAIDEN** NAME _____ Catholic? YES NO (Circle one)
(First Middle **Maiden**)
If not, what faith? _____

Residence _____ Home Phone _____
(street address) (city) (zip) (area)

PARENTS: Actively attending Church? YES NO Collection envelope number: _____

Registered in: St. Raphael ___ Our Lady of the Valley ___ Another Parish (specify) _____

Single Parent: YES NO Married: YES NO Catholic ceremony by Priest or Deacon: YES NO

If not, how were you married? JP: YES NO By non-Catholic minister: YES NO Church dispensation given: YES NO

GODPARENTS: SEE ELIGIBILITY INSTRUCTIONS

GODFATHER's NAME: _____ Active, confirmed Catholic? YES NO
Single ___ Married ___ if married: in Catholic Church ___ yes ___ no; Divorced ___
His parish, city & state: _____
If not Catholic, what Christian faith? _____

GODMOTHER's NAME: _____ Active, confirmed Catholic? YES NO
Single ___ Married ___ if married: in Catholic Church ___ yes ___ no; Divorced ___
Her parish, city & state: _____
If not Catholic, what Christian faith? _____

Will either Godparent be represented by a Proxy? YES NO

If yes, please write name (s) of Proxy (ies). _____

Has child ever been baptized (emergency) or by ANYONE? YES NO If yes, please explain on the reverse side.

OFFICIAL CORRESPONDENCE NEEDED:

- 1) Eligibility Letter from Catholic Godparent's Parish IF they are not a member of St. Raphael or Our Lady of the Valley;
- 2) Evidence of Baptism Preparation Classes, IF not done here at St. Raphael's;
- 3) Photocopy of Birth Certificate.

OFFICE USE ONLY:

(This paperwork must be returned to STR/OLV Office after completion of Baptism in order to be recorded officially.)

Baptism classes attended: YES NO All documentation received: YES NO

Parish where the baptism is to take place: _____ Date requested: _____

Priest or Deacon scheduled for this Baptism: _____ (Please print)

Above person baptized by (SIGNATURE) _____ Date: _____
(Priest or Deacon's Signature)

Initials & Date Recorded in Church Register: _____ Page & Line: _____

Computer PDS Program updated: OLV _____ STR _____