## ST. MICHAEL CATHOLIC CHURCH BAPTISM APPLICATION

## PLEASE PRINT CLEARLY:

Name of child:					
Birth Place (city, stat	te and country):				
Home Address:					
			Zip Code:		
Phone Numbers: Home Work or Cell					
Father's Name:			Religion:		
Mother's Maiden Name:			Religion:	Religion:	
Name of Church and	place of marria	.ge:			
If you were not marr	ied in the Catho	lic Church, please p	provide when:		
Where and by whom			hom	you	
were married?					
Was the child privately and conditionally baptized?			When, whe	ere and for what specific	
reason:					
Was the child adopte	ed?	Date adoption f	finalized		
validly married in the of guardians develop and g two (2) godparents, one is baptized non-Catholic C act as a godparent or with participate in a baptisma	Catholic Church; grow in the Cathol must be male and hristian may not b tness to a baptism of al preparation class	and someone who is w ic Faith. <i>There must b</i> the other female. The r e a godparent, but may of a child in the Catholi ss or program at a Catl	illing and able to help the <i>e at least one (1) godparent.</i> maximum number of record act as a witness. Non-bapti c Church. <b>**</b> Additionally,	on); if married, they must be child and his/her parents or In the case where there are able godparents is two (2). A zed persons may not officially parents and godparents must for a period of two years. If tand-in) is <u>not</u> permitted.	
Godfather's name:			Religion		
Godfather's name: Godmother's name:					
Name of person preparing this form: Relationship to candidate/child:					
		<u>For office us</u>	e only		
Date of class:		Instructors:			
Date and time of Bap	otism:				
Name of Deacon/Prie	est:				
				Line	
				(Revised: 08/06/2021)	