ST MICHAEL CATHOLIC CHURCH BAPTISM APPLICATION

PLEASE PRINT CLEARLY:

Name of child:	
Sex: Date of Birth:	
Birth Place (city, state and country):	
Home Address:	
City: State:	Zip Code:
Phone Numbers: Home Work or Cell	
Father's Name:	Religion:
Mother's Maiden Name:	Religion:
Name of Church and place of marriage:	
If you were not married in the Catholic Church, please prov	vide when:
Where and by whom	n you
were married?	
Was the child privately and conditionally baptized?	When, where and for what specific
reason:	
Was the child adopted? Date adoption fina	lized
years or older; received all of the Church's sacraments of initiation validly married in the Catholic Church; and someone who is willin guardians develop and grow in the Catholic Faith. <i>There must be at</i> two (2) godparents, one must be male and the other female. The max baptized non-Catholic Christian may not be a godparent, but may act act as a godparent or witness to a baptism of a child in the Catholic Cl participate in a baptismal preparation class or program at a Catholic the Godparent(s) is unable to be physically present for the actual bapti	ag and able to help the child and his/her parents or <i>least one (1) godparent</i> . In the case where there are imum number of recordable godparents is two (2). A as a witness. Non-baptized persons may not officially hurch. ** Additionally, parents and godparents must c Church; which is valid for a period of two years. If
Callethan's name	Dalicion
Godfather's name:	-
Godmother's name:	
Name of person preparing this form:	
Relationship to candidate/child:	Date prepared
For office use of	<u>nly</u>
Date of class: Instructors:	
Date and time of Baptism:	
Name of Deacon/Priest:	
Information posted: ParishSoft Ledger	
	(Revised: 08/06/2021)