

BAPTISM APPLICATION FORM

Please Print or this is a fillable form - email to mccormally@sfx-kc.org

Name of Child: _____
(family) (first) (middle)

Date of Birth: _____ City of Birth: _____
(month/day/year)

Home Address: _____ Phone: _____

PARENTS

Father's Name: _____
(family) (first) (middle)

Religion/Denomination: _____

Address (if not the same as child's): _____

Marital Status: _____ Place of Marriage _____

Mother's Maiden Name: _____
(family) (first) (middle)

Religion/Denomination: _____

Address (if not the same as child's): _____

Marital Status: _____ Place of Marriage _____

GODPARENTS

Godfather's Name: _____
(family) (first) (middle)

Address: _____

Church/Parish Affiliation *: _____

Godmother's Name: _____
(family) (first) (middle)

Address: _____

Church/Parish Affiliation *: _____

** At least one godparent must be a baptized, confirmed, practicing Catholic.*

Has this child ever been baptized before? If yes, where? _____ When? _____

Under what circumstance? _____

Names and ages of other children (siblings) in the family: _____