



Parish of St. Vincent Ferrer
and St. Catherine of Siena

BAPTISM REQUEST

Please fill in the information as best as you can for now.

Today's Date: _____

Child's Information

Full Name of Child: _____

Gender: _____

Date of Birth: _____

Place of Birth (city, state): _____

Parent's Information

Street Address: _____

City, State, Zip: _____

Phone Number: _____

Father's Email: _____

Mother's Email: _____

Father's Full Name: _____

Father's Religion: _____

Mother's First and Maiden Name: _____

Mother's Religion: _____

In what parish were the parents married? _____

If not, would you like to get married in the Church? _____

Godparent Information

Godfather's Full Name: _____

Is the Godfather a Catholic? _____

Godmother's Full Name: _____

Is the Godmother a Catholic? _____

Is either Godparent represented by Proxy? _____

Other

Was the child privately baptized? _____

Was the child adopted? _____

Is this your first child to be baptized? _____

Which Saints would you like to add to the Litany of Saints? _____

Preferred Dates for the Baptism: _____

Estimated number of people you expect to attend: _____

Name of Priest or Deacon: _____

Other Information: _____
