

Baptismal Request for Blessed Sacrament, St. Elizabeth Ann Seton or Sts. Mary & Joseph Parishes

Bap. Prep Class Date (if applicable): _____	Family Name _____	
Baptism Date: _____	Time of Baptism: _____	Priest/Deacon: _____
Immersion or pouring? _____	Will older child step into font? _____	Towels, robe, rug, stool needed? _____
<i>FOR DRE OFFICE USE ONLY (Please do not fill out)</i>		

(Please note that all baptisms are not private and there may be more than one baby baptized)

Church where Baptism is to be performed ____ Blessed Sacrament ____ St. Mary's ____ St. James

Child's Complete Name _____

Date of Birth: _____ City and State of Birth _____

Boy _____ Girl _____ Has child been baptized before? _____

Father's First, Middle, Last Name _____

Religion: _____, What church are you Registered at _____

Mother's First, Middle, Last Name _____

Religion: _____, What church are you Registered at _____

Mother's Maiden Name: _____ Marriage Valid in the Church? _____

Church of Marriage: _____ City: _____ State: _____

Other Children (Names and Birthdates): _____

Address: _____ City: _____ State/Zip: _____

Phone Number(s): _____ Email _____

Attends Mass Regularly? _____

Godparents (First, Middle, Last Name)

1. _____ Religion: _____

What Church are you registered at? _____

2. _____ Religion: _____

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What Church are you registered at? _____

For office use:

If not during Mass, was date and time approved by Father? _____

Put in Calendar? _____

Copy to Father/Deacon? _____

Notified Sacristan? _____

Notified Musician _____

Baptismal Cloth ready? _____

If during Mass, seats to be reserved? _____