

Saint Bernadette Catholic Church

BAPTISM APPLICATION (FOR CHILD UNDER 7 YEARS OLD)

Date _____ Pre-Baptism Class Date _____ Baptism Date _____

Instructions: Please print **CLEARLY**. NOTE: All information must appear **EXACTLY** as shown on birth certificate.

Child's Full Name: _____ Date of Birth: _____

Birth Place City & State: _____ Is the child adopted? YES NO

Are you a registered parishioner? YES NO (If Yes, please indicate your envelope #: _____)

Would you prefer the Baptism Ceremony in English or Spanish ?

PARENTS INFORMATION

Father's Full Name: _____ Phone: _____

Father's Religion: _____ email: _____

Mother's Name: _____ Phone: _____

(MAIDEN NAME)

Mother's Religion: _____ email: _____

Address: _____

CITY STATE ZIP CODE

Were you married in the Catholic Church? YES NO (If Yes, please indicate the name of the Church): _____

GODPARENTS INFORMATION

Godparents must have a valid marriage recognized by the Catholic Church. If single, they cannot be living with a partner. Sponsors who are single must have received all the sacraments of initiation (Baptism, First Communion and Confirmation), attend Sunday Mass and be able to receive Holy Communion. **A baptized Christian of another denomination may participate as a Christian Witness provided one Godparent is Catholic. Those not baptized CANNOT be godparents.**

Name of Godfather: _____ Religion: _____

Phone: _____ email: _____

Does the godfather have all the sacraments of initiation? Baptism, Communion and Confirmation? YES NO

Name of Godmother: _____ Religion: _____

Phone: _____ email: _____

Does the godmother have all the sacraments of initiation? Baptism, Communion and Confirmation? YES NO

Will both godparents be present for the ceremony? YES NO

If no, complete the information below concerning proxy.

Proxy's Name _____ Religion _____
FIRST LAST

Reason for having proxy: _____

The godparent(s) who will not be present must write a letter designating by name, who will be proxy.

Have you obtained this letter? YES NO

I hereby certify that the information in this application form is true and correct to the best of my knowledge.

Father's or Mother's Signature _____

Date: _____	
Copy of Birth Certificate: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Name: _____	
Date of Donation: _____	Amount Received: _____ # of Receipt: _____