

APPLICATION FOR BAPTISM

Today's Date ___/___/___

Child's Full Name _____

Date of Birth ___/___/___ City, State of Birth _____

IS THIS YOUR FIRST CHILD TO BE BAPTIZED? ___ Yes ___ No
 Parents celebrating the Baptism of their first child are required to take a three-session Baptism preparation course. The parish office will provide details.
 Godparents are encouraged to attend also.
 IS THIS CHILD ADOPTED? ___ Yes ___ No

Baptisms may be celebrated any day of the week, depending on the availability of the priest and the church location. Baptisms are celebrated during weekend Masses only the second weekend of each month. At other times, Baptisms are celebrated outside Mass.

REQUESTED DATE(S) OF BAPTISM _____
 IF WITHIN MASS DURING A SECOND WEEKEND: ___ Saturday 5 p.m. ___ Sunday 9:00 a.m. ___ Sunday 11:00 a.m.

Father's Full Name _____

Father's Religion _____ Father's Email _____

Mother's Full Maiden Name _____

Mother's Religion _____ Mother's Email _____

Who should be the primary contact regarding the Baptism? ___ Father ___ Mother
 Phone Number of primary contact _____

Were the parents married within the jurisdiction of the Catholic Church (by a Catholic priest or deacon, or in another church with dispensation by the Catholic Church)? ___ Yes ___ No

HOME ADDRESS _____ / _____
City & Zip Code

Name & City of Parish Prior to Saint Clare of Assisi _____

Catholic Godfather's Name & Email* _____

His Parish & City** _____

Proxy's Name (if applicable) _____

Catholic Godmother's Name & Email* _____

Her Parish & City** _____

Proxy's Name (if applicable) _____

