



# ST. ANTHONY'S CATHOLIC CHURCH

## Request for BAPTISM

CHILD'S NAME: SURNAME	GIVEN NAMES: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
DATE OF BIRTH: MONTH/DAY/YEAR	PLACE OF BIRTH: CITY/PROVINCE/COUNTRY
NAME OF FATHER	RELIGION OF FATHER
NAME OF MOTHER	RELIGION OF MOTHER
CONTACT INFORMATION: NAME & ADDRESS	EMAIL/CELL PHONE:
CHURCH/PLACE OF WEDDING: NAME/CITY/COUNTRY	THIS IS YOUR 1 <sup>ST</sup> , 2 <sup>ND</sup> , 3 <sup>RD</sup> , 4 <sup>TH</sup> , n <sup>TH</sup> CHILD?
GODFATHER: SURNAME/GIVEN NAMES/RELIGION	GODMOTHER: SURNAME/GIVEN NAMES/RELIGION
INTERVIEW DATE WITH PASTOR:	DATE OF BAPTISM PREPARATION COURSE:
BAPTISM DATE AND TIME:	OFFICIATING PRIEST:
I, the parent of this child, am practicing my Catholic faith weekly and in daily life and will raise this child in the practice of the Roman Catholic religion, especially the weekly celebration of the Eucharist, the other sacraments, the scriptures and prayer. I, the parent of this child, promise to support my spouse in raising this child in the practice of the Roman Catholic religion.	
FATHER'S SIGNATURE & DATE:	MOTHER'S SIGNATURE & DATE:

PLEASE PROVIDE A COPY OF THE CHILD'S BIRTH CERTIFICATE

