BAPTISM REQUEST FORM

DATE REQUESTED	(Ba	(Baptisms are celebrated on the 1 st and 3 rd Sundays of the month)			
NAME OF CHILD					
DATE OF BIRTH	TE OF BIRTH PLACE OF BIRTH (Town & State)				
ADDRESS					
FATHER'S NAME			RELIGION		
TELEPHONE _		E-MAIL			
MOTHER'S NAME			RELIGION		
TELEPHONE _		E-MAIL			
ARE THE PARENTS MA	RRIED TO EACH OTHER?	YES	NO		
IF YES, WERE THEY MA	ARRIED BY A CATHOLIC PR	IEST OR DEACON?	YES	NO	
IF NOT MARRIED BY A	PRIEST/DEACON, THEN BY	Y WHOM?			
initiated member o (3) if married, be in Mass and living a lif PARISH, THEY ARE T	f the Church (having re a valid Catholic marriag e of Christian virtue and	eceived the Sacrange and (4) actively decired the Sacrange and the Sacrang	nents of Baptism, practicing the fait	st 14 years of age, (2) be a fully Confirmation and Eucharist), th (regularly attending Sunday ERS OF OUR LADY OF FATIMA H AND GIVE IT TO OUR OFFICE	
GODFATHER'S NAM	E				
TO WHAT PARISH DO	DES THE GODFATHER BE	ELONG?			
GODMOTHER'S NAM	ИЕ				
TO WHAT PARISH DO	DES THE GODMOTHER E	BELONG?			
	PREP: N/A			Attended	
	GODFATHER:F	Parishioner Certificate		Parishioner Certificate	