

Date Received: _____

Received by: _____

St. James Parish Baptism Request Form

| |
|---|
| Office Use Only |
| <input type="checkbox"/> Complete |
| <input type="checkbox"/> Recorded Parish Register _____ |
| <input type="checkbox"/> Recorded parish Soft _____ |

Please print clearly as the information provided will be recorded in the parish sacramental records and baptismal certificate.

Requested Date of Baptism: _____

Family Name: _____

Address: _____
Street City/State/Zip Code

Telephone Numbers: _____
Home Cell/Daytime

Email Address: _____

Is family registered at St. James Parish? YES NO If "no" list parish of registration and obtain letter of permission for baptism

Registered Parish: _____
Church City/State

Letter of permission for Baptism from parish of registration: RECEIVED

Name of Child: _____
First Middle Last
Please print name as it will appear in the baptismal register and certificate

Date of Birth: _____ Place of Birth: _____ Male Female
City/State

Father's Name: _____ Father's Religion: _____

Mother's Name: _____ Mother's Religion: _____
Maiden Name

Are parents married? YES NO Are parents validly married in Catholic Church? YES NO

Place of Marriage: _____
church City/state

Godfather's Name: _____

Godfather's Religion: _____ Certificate of Eligibility: RECEIVED
If registered at St. James mark received

Godmother's Name: _____

Godmother's Religion: _____ Certificate of Eligibility: RECEIVED
If registered at St. James mark received

Date of parents attending Baptism Preparation Class: _____

Special Circumstances:

Proxy for Godparent? YES NO

Proxy's Name: _____

If the child was privately baptized (i.e. hospital/home/emergency situation): Please complete below

Date: _____ Where: _____

By Whom: _____