

Baptismal Application Form

Name of Child: _____

Date of Birth: _____ City of Birth _____

Home Address: _____

Phone: _____

PARENTS

Father's Name: _____

Religion / Denomination: _____

Address (if not the same as child's) _____

Marital Status _____ Place of Marriage _____

Mother's Maiden Name: _____

Religion / Denomination: _____

Address (if not the same as child's) _____

Marital Status _____ Place of Marriage _____

GODPARENTS

Godmother Name: _____

Address: _____

Church/Parish Affiliation: _____

Godfather Name: _____

Address: _____

Church/Parish Affiliation: _____

Names of all siblings in the family: _____

***At least one godparent must be practicing Catholic, initiated into the church through baptism, confirmation and Eucharist.**

FOR OFFICE USE ONLY

Date of Baptism: _____

Time of Baptism: _____ Place of Baptism: _____

Baptized by: _____

Baptismal Training: _____

Comments:

_____ & _____
Father's Name Mother's Name

Who are a member of

_____ in _____
Church City & State

Have completed the Baptismal Preparation class on _____
Date

And have my permission to have our child _____
Child's Name

Baptized at The Church of the Resurrection in Muncy, Pa