



Family Last Name: _____

BAPTISM REQUEST FORM

Name of Child First: _____ Middle: _____ Last: _____

Son Daughter Date of Birth: _____ City: _____ State: _____

Father's Full Name: _____

Mother's Full Name: _____

Mother's MAIDEN Name: _____

Family Address: _____

Primary Contact: _____ Email: _____ Phone: _____

Are Parents Married? Yes No If Yes, Date: _____ City: _____ State: _____

If Yes, were parents married in the Catholic Church? Yes No

If No, has the marriage been Convalidated by the Catholic Church? Yes No

Father's Religion: _____ Mother's Religion: _____

SPONSOR INFORMATION

Catholic Godparent

Godfather's Full Name: _____

Godmother's Full Name: _____

Or Christian Witness

Full Name: _____ Religion: _____

Proxy Information

Proxy for Godfather: _____

Proxy for Godmother: _____

Additional Notes: Has child been previously baptized? Yes No Was child adopted? Yes No

----- *FOR OFFICE USE ONLY* -----

CTK Registration Date: _____ Active In ConnectNow Baptism Class Sponsor Forms

Date of Baptism: _____ Register Record: Volume _____ Page _____ Number _____

Name of Celebrant: _____ Signature: _____