

**ST. CATHERINE OF SIENA-ST. LUCY AND ST. GILES PARISH
BAPTISM APPLICATION**

DATE OF BAPTISM _____ TIME _____ LOCATION _____

CHILD'S NAME _____
(As it is to appear on Certificate) First Middle Last

DATE OF BIRTH _____
Month Day Year

PLACE OF BIRTH _____
City or Town State

FATHER'S NAME _____ R.C./Other _____
First Name Last Name

MOTHER'S NAME _____ R.C./Other _____
First Name (Maiden Name) Last Name

ADDRESS _____

PHONE _____ EMAIL _____

PARISHIONER (Yes/No) _____ Envelope Number _____
(If non-parishioner, attach letter of permission for Baptism at St. Catherine of Siena-St. Lucy and St. Giles)

PARENTS MARRIED AT _____
Church Name Location

(OTHER) _____

PARENT(S) NAME(S) (As they are to appear on Baptismal Certificate)

SPONSOR'S NAME _____ R.C./Other _____

SPONSOR'S NAME _____ R.C./Other _____

OFFICE USE
REGULAR SPECIAL BAPTIZER _____

CLASS DATE _____

PACKET MAILED _____

CLASS COMPLETED
INSTRUCTOR _____
Name Date

BAPTIZED BY _____
Name Date

SPECIAL INFORMATION