FOR OFFICE USE ONLY

BAPTISM SCHEDULED: ____/_____/_____YES____NO___

Date: MM-DD-YYYY   Time: Mass   Training Date   Bapt. Cert on file

PRINT ALL INFORMATION CLEARLY AND COMPLETELY.
This form is used to complete official records and
Baptismal Certificate

BAPTISMAL APPLICATION
St. Michael the Archangel Church
*100 Oak Drive South, Lake Jackson, TX 77566 * 979-297-3041*

CHILD'S NAME

Last Name   *First Name*   *Middle Name*

Date of Birth _____/_____/_____ **Place of Birth** _____ ____YES_____NO_____

Month   Day   Year   City   State   ***Was Child Adopted***

FATHER'S NAME

Last Name   *First Name*   *Middle Name*

Address _____

Street   Apt. #   City   State   Zip Code

_____

Religion   *Cell Phone*   *e-mail*

MOTHER'S MAIDEN NAME

Last Name   *First Name*   *Middle Name*

Address _____

If different than above   Street   Apt. #   City   State   Zip Code

_____

Religion   *Cell Phone*   *e-mail*

PARENTS MARRIED by   Priest/Deacon_____ Minister_____   Judge_____   Common-Law_____   Other_____

QUALIFICATIONS NEEDED TO BE A CATHOLIC GODPARENT
- *Must be baptized in Catholic Faith.*
- *Must be at least 16 years old and already confirmed.*
- *Be single or if married, the marriage took place in the Catholic Church or was validated by the Catholic Church.*
- *May not be the parent of the child being baptized.*

GODPARENT'S NAME

Last Name   *First Name*   *Middle Name*

Check all that apply: *Baptized Catholic_____ Confirmed_____ Communion_____ Married Catholic_____ Single_____*

Catholic Parish Affiliation _____

GODPARENT'S NAME

Last Name   *First Name*   *Middle Name*

Check all that apply: *Baptized Catholic_____ Confirmed_____ Communion_____ Married Catholic_____ Single_____*

_____

Catholic Parish Affiliation   *If not Catholic- What Denomination*

Revised January, 2020