



219 BEAN AVENUE LOS GATOS, CALIFORNIA 95030 408.354.3726 FAX 408.354.9302 WWW.STMARYSLG.ORG

Baptism Request Form

Name of the Child

First:	Middle:	Last:
Date of Birth (MM/DD/YYYY)		Place of Birth:

Name of Mother

First:	Middle:	Maiden:
Religion of Mother:		

Name of Father

First:	Middle:	Last:
Religion of Father:		

Daytime Phone:		Email:
Mailing Address:		
Has your child been previously baptized? Y/N	If so, where and which Christian denomination?	
Name of the Parish where you are registered:		How long?
How often do you attend Mass	Mother:	Father:
How often do you receive the Sacraments?	Mother:	Father:
How are you involved in parish life?		
Are you married in the Catholic Church?	Y/N	Name of Church:
Date of Marriage:	City and State:	
Requested Date of Baptism		
Public (Every third Saturday 10:30am)		
Private (Upon the availability of the church)		

We hereby request the Sacrament of Baptism for our child:

Father _____ Date _____

Mother _____ Date _____