

Baptism Request and Family Information

Saint Anne Catholic Church

OFFICE USE ONLY:

Date: _____ Time: _____

Celebrant: _____

Child and Family Information:

Child's Full Name: _____

First

Middle

Last

Date of Birth: _____ City & State of Birth: _____

Mailing Address: _____

Home Phone: _____ Email: _____

Mother's Name: _____

First

Middle

Last

Religion of Mother: _____

Father's Name: _____

First

Middle

Last

Religion of Father: _____

Marital Status of Parents: _____ Married _____ Divorced _____ Single

Were you married in the Catholic Church/Church Name: _____

Is your family registered at Saint Anne? _____ If yes, for how long? _____

How often does your family attend Mass/which mass? _____

(Weekly, Monthly, Seldom, Never, Other)

Date: Baptisms are typically scheduled on the 3rd Saturday of the month at 11:00 am.

Preferred Month(s): First Choice: _____ Second Choice: _____

Requested Godparents: Please see attached requirements.

Name: _____ Parish: _____

Is this person a practicing Catholic? _____

Name: _____ Parish: _____

Is this person a practicing Catholic? _____

Will either Godparent be represented by a proxy? If yes, name(s): _____

***Proxy requirements are the same as the Godparent requirements.**

Parent Signature: _____ **Date:** _____ *Please return this form to Parish Office as soon as possible.*