

**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 \_\_\_\_\_

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OFFICE USE

REGULAR ☐ SPECIAL BAPTIZER ☐ \_\_\_\_\_

CLASS DATE \_\_\_\_\_

PACKET MAILED \_\_\_\_\_

CLASS COMPLETED

INSTRUCTOR \_\_\_\_\_  
Name Date

BAPTIZED BY \_\_\_\_\_  
Name Date

SPECIAL INFORMATION