



St. Andrew's Roman Catholic Church Application for the Sacrament of Baptism

Dear Reverend Father:

We/I wish to have our/my child receive the Sacrament of Baptism.

We/I wish our/my child to be raised in the practice of the Catholic Faith. Thereby we/I are/am willing to fulfill our/my primary role by practicing our/my faith and by educating our/my child in the faith by word and example.

Signatures of Parent (s) or Guardian(s): _____

APPLICANT INFORMATION

FULL NAME OF CHILD: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

FATHER'S NAME: _____ RELIGION: _____

MOTHER'S NAME: _____ MAIDEN NAME: _____

RELIGION: _____

CHURCH/PLACE OF PARENT'S MARRIAGE: _____

PARISH WE/I ATTEND: _____

GODFATHER'S NAME: _____ RELIGION: _____

GODMOTHER'S NAME: _____ RELIGION: _____

FAMILY CONTACT INFORMATION

ADDRESS: _____

POSTAL CODE: _____ PHONE NUMBER: _____

EMAIL ADDRESS: _____

FOR PARISH OFFICE USE ONLY

DATE OF FIRST VISIT: _____ INSTRUCTION: _____

ADDITIONAL COMMENTS/INFORMATION:

DATE OF BAPTISM: _____ BAPTIZED BY: _____

Please Note: If you attend St. Andrew's Parish and are not a Registered Parishioner, please complete a Parish Registration Form and return it to the Parish Office with this application.